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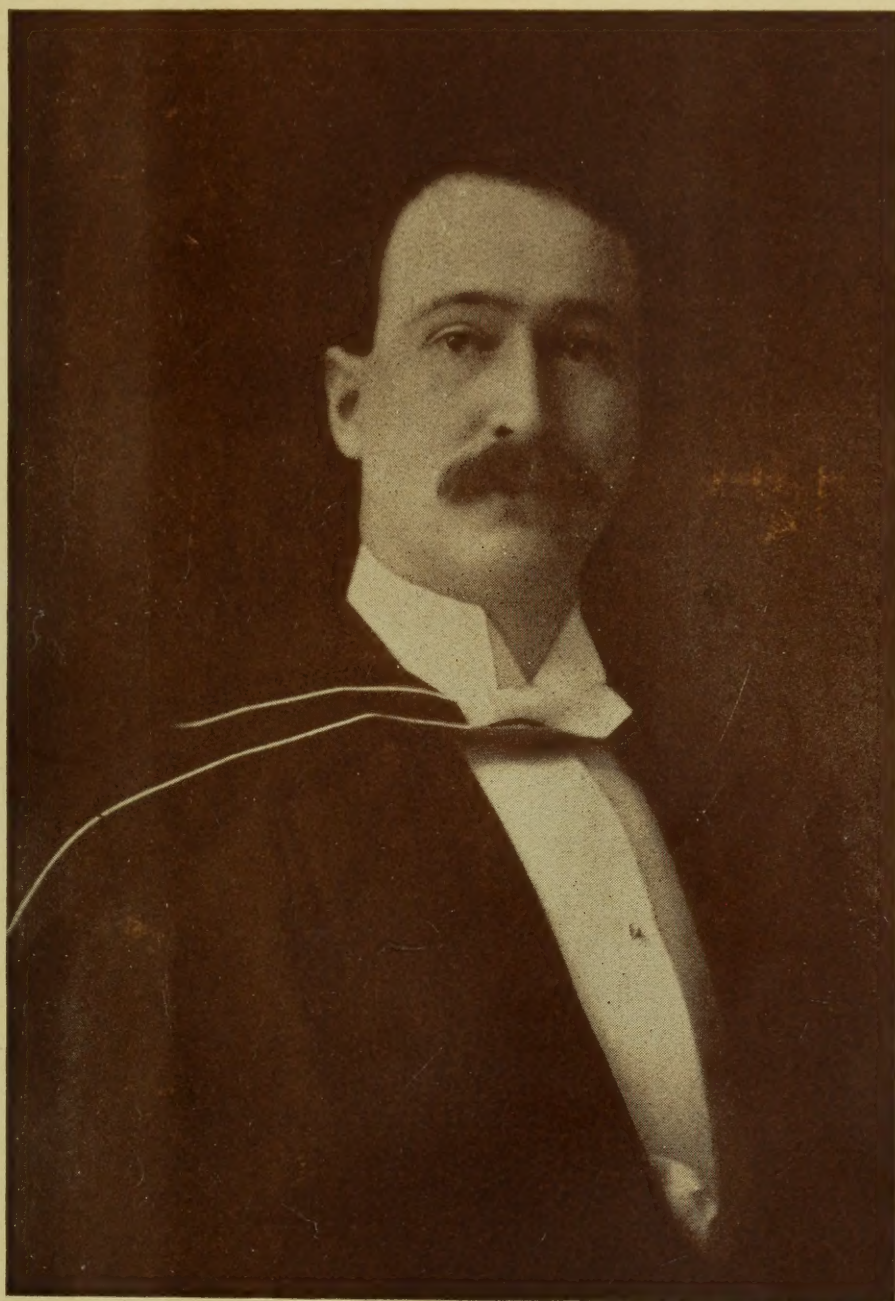
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***Dr. G. C. Bonnycastle***

BOWMANVILLE

President of Royal College of Dental Surgeons of Ontario.

During Dr. Bonnycastle's term of office the New Building of  
the School of Dentistry of the Royal College of  
Dental Surgeons, at Toronto, was completed.

This Building was erected and equipped  
at a cost of over \$150,000.





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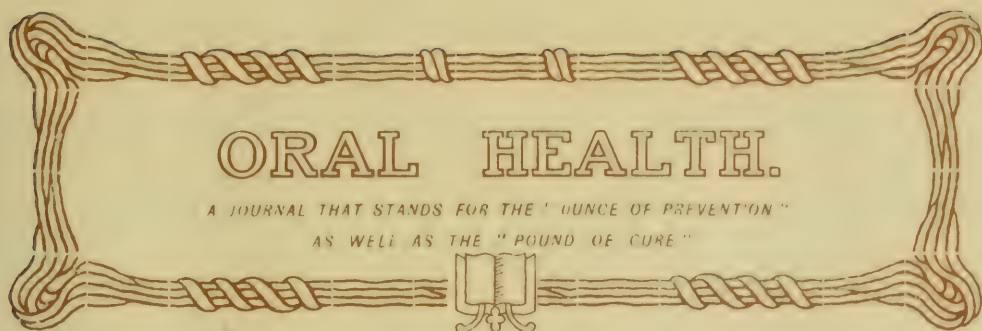
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## Daily Growth

**T**hy best is none too good for God,  
Therefore, make sure each day  
Fresh counsel with thine heart  
to take  
And study out some way  
By which in service thou wilt give  
An earnest of desire ;  
To make at least one sacrifice—  
At least one heart inspire  
With hope and courage for the  
fight  
Which presses all around,  
For growth in goodness, which  
is God,  
Thus only may be found.

Jayenne





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TORONTO, JANUARY, 1911.

No. 1.

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## FOREWORD

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### THE PENDULUM.

THE "Back to the Land" cry was uttered in earnest protest against the great modern city with its rush, its turmoil and feverish activity. The clarion call to "The Simple Life" was raised against all those excesses in living that the wealth of the great city had brought.

Rush and Luxury are daily numbering many of our best citizens among their victims and leaving thousands of others in such physical unfitness that the sunset of life becomes a burden instead of a time of joy and happiness.

But the great pendulum continues (as from the first) to sway from one excess to the other. Signs are not wanting that already the pendulum is swinging away from the excesses that modern luxury have brought, and we commence to hear more of "public health" and less of "natural resources." Educationists and public men generally have come to realize that true "public wealth" depends upon "public health," the former being a natural corollary of the other.

### PUBLIC HEALTH.

The question of public health (embracing in its larger application that of individual health) is of unlimited size and possibilities. In it are included directly or indirectly most all the large civic problems demanding solution. Contamination of streams, water supply and sewage disposal, milk supply, heating and ventilation, infection and sanitararia, health inspection of school children, etc., etc., ad infinitum.

These are days of specializing, and because of the very magnitude of public health problems this journal has chosen to devote its space to one phase of the question—namely, the importance of “mouth health” and its relation, not only to the general health of the individual, but to the larger public health problem.

### ORAL HYGIENE.

In choosing this phase of the Health Problem as our special concern we have chosen a sphere of action where the laborers are comparatively few. The seed already sown has grown until to-day there stands a veritable harvest. In addition to the large field of labor embracing restoration to normal conditions of the teeth themselves, there is a great awakening to the possibilities of Preventive Dentistry, not in the profession alone but in the public mind. We believe such a magazine as this can be of inestimable service.

The problem of oral hygiene can best be handled by the dental and medical practitioners working in harmony, each recognizing his part in this great field of service. The attitude of both professions in regard to mouth health will be materially changed during the next few years and a clearer perception held of the part practitioners have to play in bringing about a more hygienic condition in the mouths of their patients and the part each profession will play in making possible the same results to the average Canadian citizen.

Undoubtedly the greater burden rests upon the dental profession, and the hope of the situation is in the fact that the average dentist is recognizing his obligation and the dental profession its part in the great campaign of dental education.

### THE MEDICAL PROFESSION.

There is much for the medical practitioner to do. He must set a higher standard upon mouth conditions in the treatment of disease. The practitioner of to-morrow who continues to treat a patient suffering from a disorder resulting solely from a local mouth condition, without even examining, much less having set right, the oral condition will be liable to strongest censure. The family physician will play a large part. He visits the home and has opportunity to detect tooth decay and other diseased dental conditions in their early stages and should insist upon the maintenance of a proper hygienic oral condition in the family household. The physician, who, while keeping a watchful eye on those entrusted to his care, deliberately ignores mouth conditions is not giving his patients the reasonable advice and attention they may reasonably demand.



## THE DENTAL PROFESSION.

This magazine has sprung into being because of the great need of dental education and in the hope that its pages will be used by the profession in making suggestions that may prove an inspiration to others. Presenting reports of what is being accomplished "at home and abroad" will prove helpful and be an inspiration to those with willing heart and ready hand. As a profession we have long known that a good masticatory mechanism is an essential to good health, and that much of the sickness and disease in the community were the direct result of the faulty mastication of food. We have long known that thousands upon thousands of these precious organs are annually lost because of neglect. We fully realize that many of these teeth could be saved with intelligent care by the patient—yet we have hesitated to take up educational work. We were too busy, or possibly we feared the wink and nod of the excessively wise one, who thought he could see through the plan a colossal scheme of the dentist to increase his practice. Of course it "hurts" to give time and labor to such work and then have one's motives questioned, but injured feelings must not stand in the path of progress. As a profession we must go forward to the task of public enlightenment on dental matters, fearlessly, energetically and persistently, that we may emblazon in the public mind the thought that the modern dentist is not merely a dental surgeon, but also a dental physician. Let every dentist also keep that ideal in mind. A dental physician who practises preventive dentistry.

May the public soon realize that a periodical visitation to a dental office is not sufficient, but that the daily care of the mouth and a persistent maintenance of a hygienic oral condition is the great essential in this fight for better health.

## ABOUT OURSELVES.

"Oral Health" very timidly approaches the edge of the stage and very quietly and unostentatiously makes its bow. Whether it will be egged on or off depends, we presume, upon ourselves. Our hope is that "Oral Health" shall be worthy of a sustained hearing. The subscription price is one dollar per annum, and may be sent forthwith. Address "Oral Health," Toronto. If you feel that the journal may be of service in bringing these problems to the attention of the dental profession and in the dissemination of information as to what ought to be done and what is being done in the education of the public in oral hygiene, you will no doubt voluntarily and gladly send in your subscription.



The Editor has been credibly informed that there is no province in Canada where dental educational work has not been carried on, at least to some extent, during the past few years.

Nothing is too small to report. Let us hear from you. What you have done will be an inspiration to others.

We visit you again during February. Keep the latchstring on the outside and a few postage stamps handy on the inside.

The reports you give and the suggestions you make will thus reach every corner of Canada, because "Oral Health" will journey from coast to coast.

*Get the vision and then get busy.*

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## ASEPSIS IN DENTISTRY.

BY JOSEPH S. GRAHAM, M.B., M.R.C.S.,

Professor of Histology, Bacteriology and General Pathology,  
Royal College of Dental Surgeons.

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IN bringing this subject before you I feel that I shall have views to express which may be considered extreme by some of the older men in your profession—by men who have done so much to establish the science of dentistry and to place it where it belongs, among the learned professions. Nevertheless, I feel that you should not leave college without having been thoroughly impressed with the necessity of constant watchfulness and attention to detail in the matter of dental asepsis.

In our classes in bacteriology it is true we deal with this subject, but repetition of so important a subject is never amiss. The younger men I would like especially to invite "to get the habit" of cleanliness, absolute cleanliness or asepsis. It is easy to acquire and will in time become a part of yourselves—a habit which will become your master.

We must now consider two points. Firstly, what are the present methods in daily use; and secondly, whether it is necessary that these methods be changed? Perhaps it would be easier to show you how these present methods impress one not versed in the mysteries of your

craft, but say, with a knowledge more or less intimate, of bacteriology. I go to my dentist and find him immaculately dressed in his washable linen coat, fresh shaven, and clean hands and well-trimmed finger nails. I seat myself in the dental chair, not knowing who may have been there before me, but content with any slight risk I may run, as one of the daily chances I am prepared to take. The dentist invites me to put my head on the head-rest, where I find a clean linen doylie. I might sooner have a towel fresh from his cabinet to rest my head on, but again I take greater chances during the course of an ordinary day.

Now we are ready for work. A small mirror is wiped off with a towel or wipe and inserted in my mouth. This patient is looking for what strikes him as faults, or is over-sensitive, and he wonders in what type of mouth that mirror was last. Is it surgically clean? If this can be answered in the affirmative he is happy, for this is not one of the everyday chances of life. After the examination the dentist takes some instruments from a dish partially filled with a fluid, which his patient finds to be a formaldehyde solution, usually employed for sterilizing the instruments, as there is less tendency to the formation of rust. The operator may or may not wipe the disinfectant from the instruments, and places them on the flat surface of his swing instrument cabinet. Now the patient wonders whether this surface has been sterilized after the instruments from the last case have been removed. He asks as much, and is told that for finicky people he keeps some squares of blotting paper in his cabinet, and that the blotting paper has the added advantage of absorbing any moisture. This is, of course, impossible of sterilization, but at any rate is free from the material removed from the mouths of previous patients.

Say our dentist has outlined the work necessary to be done and is now ready to prepare a cavity for a filling. We take it that he chisels away the decayed material instead of immediately using a burr. This decayed and frequently septic material he may not be able to remove from the cavity by his instrument, so that he next takes a small wisp of cotton on a pair of cotton pliers and revolves the pliers so that the dead material in the cavity may adhere to the cotton. Now, in order to remove this fine sponge from the pliers, he uses a little nickel waste receptacle, inserts his pliers into one of the arms cut on the upper surface, and withdrawing the pliers leaves the wipe in the receptacle and incidentally covers the pliers with bacteria from the mouths of previous patients. This, unfortunately,



is a very common practice. Having prepared roughly his cavity, it is now time for the use of a burr. The dentist selects from a drawer in his swing cabinet a burr or series of burrs, and proceeds to clean the one he has selected on a revolving wire brush, not with the idea of sterilization, but rather that the cutting edges may be cleaned of any detritus. Asked if burrs are sterilized, he answers that the use of an aqueous solution would cause the cogs in the socket to become rusty and a valuable instrument would be of no further service.

So much for the preparation of an ordinary cavity, and, providing none of the instruments have slipped during the operation, causing an abrasion of the mucous membrane, no immediate result will follow and the cavity is well filled. However, is it not possible that the dentist has added to this patient's mouth organisms from the mouths of other individuals? Organisms possibly of marked virulence, organisms proficient in the art of splitting up starches, pyorrhea organisms, etc., which may find a suitable medium for growth amid new surroundings.

This is a source of danger from these types of bacteria, but the possibility of the introduction of syphilis, tuberculosis, scarlet fever, typhoid fever, etc., is, of course, always present and a danger which may not be overlooked. Even though only one patient out of a thousand be saved from any of these diseases, a more elaborate technique is justifiable. Do any patients suffering from syphilis seek the dentists aid? Assuredly they do. One of the first things a good physician does before starting his patient on a course of mercury is to see that the teeth are in good condition, and it is an even chance that he does not inform the dentist of the condition of affairs. Is he a good physician in this respect? Certainly not; and unfortunately the dentist does not often see a mucous patch which may be hard to recognize without the history of the patient and the knowledge of a primary sore. This knowledge the patient is going to keep to himself.

A word or two about tuberculosis. The probability of the introduction of tubercle bacilli from the mouth of a tuberculosis patient to that of a healthy individual may be slight, but possible. The danger to the dentist who, leading an indoor life and working with his face close to that of the patient, is great, both from the breath and the spray which results from coughing by the patient, and from the fact that his room has become infected. We will take up later what seems to be a simple method by which this danger may be minimized.

Let us now take up the question of extraction. Practically all dentists boil their forceps, mouth gag, etc., but do they always prepare the field of operation? We know of some people who were referred by their own dentist to an extraction specialist, without any advice as to the preparation of the mouth. After extraction advice is almost invariably given, with a prescription for some antiseptic mouth wash, both of which are doubtless of benefit, as we see but few cases "go bad" after this operation. But surely the sane and safe way is the best, and if some of these few cases can be spared an infection it is again worth while.

In going over this we have only touched on the possibility of the spread of infection from one mouth to another, and have said nothing of the defensive agents of the body, which, fortunately for us, are great. I fancy I can see some busy practitioners smile and remark that times have changed—that they have never seen any bad effect due to their treatment (or anything at least that could be attributed to them)—but these men cannot deny the possibility of transference of infection, which we see in the other fields of medicine. Now we may ask ourselves whether it is necessary that other methods be adapted. My answer would be that it is. If our cutting instruments are not perfectly sterilized, or, if perfectly sterile, laid on an unsterilized surface, we may transfer infection to the mouth surface. If one of these instruments should slip and an abrasion be made we may have serious results, for we know that in cavity formation we are dealing with organisms which ordinarily require oxygen for their growth, but when growing in the deeper parts of a cavity have practically become anerobic, and sometimes of great virulence. If these organisms gain entrance to the body below the mucous membrane we may have serious results. You may ask why it is necessary to be so careful beforehand when you are dealing with septic cavities and the sterile instruments will so soon become septic. You may argue that if an instrument slip and cause an abrasion it is likely to do so after being used in a septic cavity, and that even if the cavity were sterile, organisms might be carried from the surface of the mouth deep into the tissues below the epithelium, which, of course, is one of the chief defences of the body.

My argument would be this: 1st. That we may transfer through non-sterile instruments diseases such as typhoid fever, tuberculosis, syphilis, etc. 2nd. That we may introduce organisms of the caries-producing type, and these may be of great virulence: and 3rd. In



the case of abrasions, there is no need to increase the risk by having our instrument aseptic beforehand, as it is impossible to gauge immediately the virulence of the organisms on our instruments, or to estimate the immunity of our patients to organisms brought from an outside source.

The ideal aseptic conditions of course would be such as are carried out in the operating theatre of a hospital. The operating room is as aseptic as it is possible to be made by disinfection. The patient has been thoroughly prepared, the parts to be operated on are aseptic, the surgeon in gown, with head, mouth and nose covered, and wearing sterile gloves. Finally, sterile instruments and towels. Such a condition of affairs, while to be desired, is quite unnecessary and impracticable. What we must aim to do is to prevent transference of bacteria from one mouth to another, to protect the patient from the dangers of infection should we wound the tissues either intentionally or unintentionally, and to protect ourselves from infection by the patient. Let me impress upon you once more that such procedures as we shall outline are not difficult to carry out, are not "faddy," and that once you get into the habit of taking these precautions for your own and your patient's sake they will come as natural to you as does personal cleanliness. Surgical cleanliness is just one step further. Let us consider then the various points and how this routine may easily be carried out.

### THE OPERATING ROOM.

Sunlight and ventilation must be two factors to be taken into consideration in the choice of an office. Sunlight is the best natural germicide we have, as, while the majority of bacteria are inhibited in growth by the action of bright daylight, all are inhibited by direct sunlight, and if this action be prolonged lose the power of developing when placed in the dark. We must thus choose an office with the maximum of sunlight, if only for our own protection, and it is better for us living in the northern part of the world to have an office with windows facing both east and west, as giving the maximum of sunlight during the winter time, when our ventilation must of necessity be poorer than in the summer. I do not mean by this that our windows should be shut in the winter time. A piece of board eight inches in height placed across the lower part of the window sash and on the inside of the room allows of the window being opened two or three inches from the bottom without the danger of a draught. The window on the other side of the room may be slightly open at the top.

We assure ourselves of health by this means, and especially is this of importance to the dentist, he doing so much indoor work, and with so little chance of outdoor recreation. There may be objections raised to the heat of such a room in the summer time, but with inside shutters on the windows, this objection may be dispensed with.

The office finish should be as simple as possible. Hardwood floors (preferably with rounded corners where the wall meets the floor) are a necessity, or, if this be impossible, a linoleum covering for the floor is to be preferred to carpet. Hardwood or linoleum can easily be washed and kept clean, and if we have the rounded corners there is no possibility of dust collection. The walls and ceiling should be covered with a sanitary paper, so called on account of the ease with which this may be washed. The whole object is to have things as simple as possible, and a finish which may easily be disinfected at regular intervals.

#### FIXTURES.

The complicated dental chair leaves much to be desired as regards simplicity. This, however, I think we will have to accept as a wonderful work of art. The swing cabinet allows of change in a good many instances. It should always have a glass top which can be sterilized before sterile instruments are laid on it. For those who already have a wood swing table this may be accomplished by the purchase of a square of plate glass cut to fit the upper surface of the table. If there are drawers in the swing cabinet, they should be lined with porcelain or a hard, white enamel, in order that they may be readily cleaned by moist dusting. The same may be said of the drawers of the instrument cabinet. The idea of course is to have everything so constructed as to be easily washed and with as few receptacles as possible for the collection of dust.

#### OFFICE DISINFECTION.

It is a well known fact that in laboratories where experimental work is done on animals, that the operating rooms become septic so that wounds do not heal by first intention, making it necessary to abandon the room for some time. In all larger hospitals this fact is reckoned with, and an operating room is set aside for "dirty" cases. Now room for infection is most likely to occur in a dental office where work is being carried on in septic mouths. It has been well said that, surgically speaking, the mouth is the dirtiest cavity in the body. This being granted, it is necessary that a dental office should have systematic disinfection, for the protection of the patients, as well as for the



protection of the operator and his family. Added to the risk of sepsis following operations necessitating the wounding of mucous membranes, there is the risk of infectious diseases such as scarlet fever, diphtheria, measles, etc. These dangers may, to a great extent, be avoided by disinfection. A practical way is to have a thorough disinfection once a month. Take say the first week end. Seal on Saturday night the doors and windows with strips of paper covering the cracks. This may be done by using a starch paste that can easily be washed off. Open the drawers containing the instruments, and have all fires extinguished in the room, not that there is any danger of explosion, but because the room has to remain closed for twenty-four hours. Place in the centre of the room a jar containing 10 oz. of formaldehyde, add to this, 6 oz. of potassium permanganate, and beat a hasty retreat, for the gas is generated exceedingly rapidly. The door of egress should then be sealed and the room allowed to stay closed until Monday morning, when the windows may be opened and the room aired. This proceeding is not hard to carry out, and the extra work entailed will not be noticed if you make it a habit. For wet dusting 1-1000 bichloride solution may be used; this includes the walls and the floors. If this latter were done weekly it should be sufficient.

### PREPARATION FOR DENTAL OPERATIONS.

Instruments should be sterilized before all operations, whether wounding of the mucous membrane is intended or not. This is best done by boiling. It is very simple where there is electricity in the office, to have a sterilizer heated by electricity, or to have an ordinary sterilizer, six by four, heated by a Bunson burner or an alcohol lamp. It is well to allow the instruments to boil for five or ten minutes, remove by means of a false bottom, then place them (if not wanted immediately) in a weak formalin solution and dry before using with a sterilized cotton wipe. Many dentists use a formalin solution and do not boil, but experiments in this, show that instruments infected with a vigorous growth of staphylococcus, if placed in a tight box and exposed for 15 hours to the vapors of formaldehyde, generated by evaporation from a large shallow dish of formaldehyde (40%) and then washed in sterilized water, showed a good growth in broth. A formalin solution is a good disinfectant in which to place sterilized instruments, and if expense is not a prime factor, I would suggest that two sets of cutting instruments be employed so that

*( To be continued in next issue. )*

# THE INSTITUTE OF DENTAL PEDAGOGICS.

BY A. W. THORNTON, D.D.S., TORONTO.

**T**HE eighteenth annual meeting of the Institute of Dental Pedagogics was held in Washington, D.C., on Tuesday, Wednesday and Thursday, Dec. 27th, 28th and 29th, 1910, the sessions being held in the spacious and commodious New Willard Hotel.

The schools of the United States and Canada were well represented, delegates being present from as far West as Denver, Colorado, as far South as New Orleans, La., and as far North as Montreal; while as might be expected the schools of the Eastern States sent many representatives. The Royal College of Dental Surgeons had six representatives, all of whom gave very close attention to all the sessions.

The weather was delightfully clear and warm, and this added very materially to the enjoyment of the meeting.

An address of welcome, delivered by Mr. Cuno H. Rudolph, Chairman of the Board of Commissioners of the District of Columbia, put the visiting dentists at their ease, and at the same time emphasized the fact that all governments and civic officials are recognizing the importance of "mouth conditions" as a potent factor in citizenship.

The address of the President, Dr. John Quincy Bryan, of Indianapolis, Ind., was terse, and to the point, the dominant note being that the higher standards of preliminary education and deeper and broader professional training must result in attracting a most desirable class of men to enter the profession, and ultimately in raising the professional, moral and financial status of those engaged in the practice of dentistry. In the discussion of the President's address, there was perfect unanimity on one point, viz., that the only hope of raising the professional standard lay in the adoption, by all the American Colleges, of a four year course.

This was particularly gratifying to the delegates from the R. C. D. S., as it practically endorsed our four year course, and at the same time indirectly "rubbed it in" to those colleges, which some years ago adopted a four year course, but for reasons best known to themselves receded from that position.



The paper on Physiological Chemistry, by Dr. J. D. Hird, of Georgetown University, was carefully prepared and well read.

While Dr. Hird acknowledged the desirability of knowing as many things as possible, and all as well as possible, yet he was convinced that it was not possible, in the limited time, that dental students could give to the subject, to go very deeply into it, and advised learning a few things *well*—thoroughly—rather than attempting to give a little smattering of a great many things, and having a “working knowledge” of none.

Perhaps one of the best papers of the meeting was that given by Dr. Leuman M. Waugh, of the University of Buffalo, on “The Technic and Treatment of Pulp Cavities.” Perhaps a better title for Dr. Waugh’s paper would be “The Technic of the Treatment of Pulp Cavities,” for there is obviously no sense in speaking of “The Technic of Pulp Cavities.”

As the paper will be printed in full, I shall not attempt any resumé of it. Suffice it to say, that Dr. Waugh has learned what all persons, and more especially all teachers, should try to learn, viz., the art of expressing definite facts in definite language.

As an aid in teaching this subject, I can conceive of nothing more helpful than Dr. Waugh’s paper.

Each step of each operation, in the treatment of pulpless teeth, is so plainly and definitely stated, that a correct mental picture is formed, that must conduce to the intelligent carrying out of this dreaded part of our daily task.

“The Teaching of Dental Anatomy” was the title of an admirable paper presented by Dr. Fred W. Gethro, of the Northwestern University of Chicago. Dr. Gethro emphasized the fact, universally admitted by all thoughtful, modern dentists (and no man can be a modern dentist who is not thoughtful), that a thorough knowledge of Dental Anatomy lies at the very base of all dental college training. As Dr. Gethro himself very aptly put it “a thorough knowledge of Dental Anatomy spells ‘success;’ a lack of it spells failure in large letters.”

Dr. John P. Corley, of Sewanee, Tenn., read a paper on “Mouth Hygiene in the Dental Curriculum.”

When we remember that “the people” are showing marked interest in this subject, and that School Boards, Boards of Health, Normal Schools and Municipal Councils, and many kindred bodies are begin-

ning to realize that "a sound mind, in a sound body," is absolutely dependent upon a healthy condition of the oral cavity, we can perhaps imagine the enthusiasm of one (and he a Southerner) who has entered body and soul into this campaign of education along the line suggested by the words "Mouth Hygiene." The fact, mentioned in the paper, that the State of New York has appointed a commission on "Oral Hygiene" gives some idea of the importance of the subject, and the interest which is now being manifested in it.

Dr. Truman W. Brophy, of Chicago, presented the Report of the Miller Memorial Fund. The project has been "hanging fire" and Dr. Brophy was grieved in consequence. But when a man "pours out his soul," as Dr. Brophy did, for a project in which he has no personal interest, further than the recognition of the services of a great man, something is bound to happen, and something did happen, for every school, represented at the meeting, responded nobly, and Dr. Brophy realized that his fellow teachers were men "like minded."

One of the most beautiful features of the meeting was the tribute paid to Dr. Miller by Dr. Henry Morgan, of Nashville, Tenn. Dr. Morgan is one of "God's Noblemen," a typical southern gentleman, and courtesy and thoughtfulness and service and highmindedness are inherent in his very make up. The note which I made at the meeting is now before me. It reads "a beautiful tribute by a beautiful character."

Speaking to Dr. Brophy, after the close of the Session, I said: "That was a beautiful thing that Henry Morgan did?" His reply was, "Why Henry Morgan couldn't do anything else; it was born in him." It is a great privilege to meet and to know such men.

A smoker was given by the local dentists on Wednesday night, and everything possible was done to give the visitors an enjoyable time.

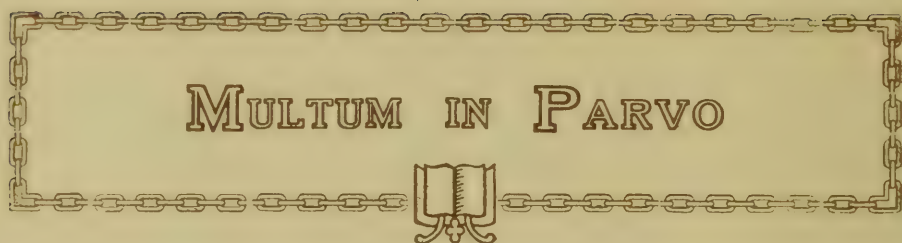
In another paper I will give some "impressions" gathered from the meeting.

Toronto, January 12, 1911.

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"Education, briefly, is the leading of human souls to what is best and making what is best out of them, the having which makes men happiest in themselves, also makes them most serviceable to others."  
—*Ruskin*.





This Department is Edited by C. A. KENNEDY, D.D.S.  
Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

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REMOVING A CONGESTED PULP.—A congested pulp in an anterior tooth is best removed by using crystals of cocain. Dry the cavity thoroughly and partially fill with powdered cocain. Then puncture the pulp with a sharp instrument, letting the serum saturate the cocain. Force this back into the pulp tissue, anaesthetizing it so that it can always be removed without the least pain. If hemorrhage is not too profuse, fill at once.—*J. P. Buckley, Dental Review.*

OPENING AN ABSCESS.—If the reverse end of a match be dipped in a saturated solution of carbolic acid and cocain and applied prior to the injection of cocain, with gradually increasing pressure at the point of the gum where the needle is to be inserted, it will render the operation painless.—*B. Holly Smith, Dental Digest.*

THE BEST STYPTIC.—For hemorrhage after extraction, or from the gums of the grinding roots for band fitting, the suprarenal extract is the best styptic, clean in use and prompt in action. When an anaesthetic is needed, add chloretone to the suprarenal extract and wipe the gum with the mixture.—*F. H. Lee, Dental Digest.*

ALVEOLAR HEMORRHAGE.—In a case where other remedies had failed and the patient was becoming alarmingly weak from loss of blood, sulphuric acid dropped in the socket (after washing the mouth out with warm water), caused the flow to cease within three minutes, and there was no subsequent return.—*R. W. Turner, Items of Interest.*

AFTER EXTRACTION.—Phenol sodique gives almost magic relief from the sickening afterpains and soreness following extraction. It also controls hemorrhage and promotes healing and hardening of the gums.

REMOVAL OF GREEN STAINS.—Apply iodine to the stained surface, followed by weak aqua ammonia, repeating until the stain disappears. Recurrence will be proportioned to the subsequent care given the teeth.—*S. B. Palmer, Dental Summary.*

CLEAN HANDS.—When washing the hands, before and after dental operations, if a few drops of campho-phenique be dropped in the palm of the hand while wet, and rubbed over the hands, you get the benefit of an antiseptic and deodorant, leaving the hands soft and clean.—*J. D. Reynolds, Dental World.*

SMOKER'S GINGIVITIS.

Salol .....	1 part
Tinc. catechu .....	4 parts
Spts. menth. pip. ....	120 parts

Teaspoonful in half glass of tepid water, as a mouth wash.

—*Indiana Medical Journal.*

GINGIVITIS.—In simple gingivitis nothing is better than painting the whole gum with a saturated solution of potassium iodide (it matters not if a little is swallowed). Do this daily for four or five days. Then give sozoiodal internally ( gr. iii ) three times a day, after meals.—*Dental Review.*

TRICHLORACETIC ACID.—Trichloroacetic acid in dental practice has a wider range of application than any other single preparation. First, it is most excellent in the treatment of pyorrhea, arresting the accumulations of pus in short order. In the treatment of putrescent pulp canals it acts like a charm; carefully applied to spongy gums it gives better results than anything else; in pericementitis, arising from calais deposits, it is excellent. It is both escharotic and astringent, and it destroys abnormal surface tissue and purifies the same in a few moments after being applied.—*H. C. M., Dental Brief.*

CONVENIENT LABORATORY APPLIANCES.—It is often desirable to have a smooth base on our models and the use of glass plates involves breakage or possibly a cut finger on sharp edges. I have been using a piece of sheet celluloid fastened on the plaster bench. Run the model in impression and invert on the celluloid. It will separate easily and be smooth and clean. Especially useful in orthodontic work.—*Grafton Munroe, Springfield, Ill., The Dental Brief.*



## SOCIETY ANNOUNCEMENTS.

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### TORONTO DENTAL SOCIETY.

Office of the Secretary, 2 College St.

Toronto, January 11th, 1911.

The second meeting of the Toronto Dental Society will be held on Tuesday evening, January 24th, at 6.15 p.m., at the St. Charles Restaurant.

The guest of the evening will be Dr. Don. M. Graham, of Detroit, President of the Michigan State Dental Society, who will read a paper, presenting the subject, "Root Canal Infections and Associated Lesions; Their Prevention and Treatment."

Dr. Graham has given this subject special study and has collected a large number of lantern slides and skiographs which will be used to illustrate his paper.

Members bringing friends kindly notify Secretary. Members admitted by membership ticket.

A. E. Webster, President;

C. A. Kennedy, Secretary.

---

### Forgetting those Things that are Behind.

RESOLVED that I will do better in 1911 than I did in 1910.

RESOLVED that I will spend less money than I earn.

RESOLVED that I will not listen to money when it talks louder than conscience.

RESOLVED that I will promote the common welfare by preaching daily the *Gospel of Prevention* to my patients—and others.

RESOLVED that I make these resolutions in good faith and will carry them into effect during 1911.

# ORAL HEALTH.

—O—

Editor - Wallace Seccombe, D.D.S.

—O—

A Monthly Journal devoted to the interests of the Dental Profession, to the furtherance of Public Health and to the education of the Public in relation to Oral Hygiene. Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

**Subscription Price = \$1.00 per year.**

¶ Original Communications, Book Reviews, Exchanges, Society Reports, Personal Items and other correspondence should be addressed to the Editor, Lock Box 26, Toronto, Canada.

¶ Subscriptions and all business communications should be addressed to the Publishers, Oral Health, Lock Box 26, Toronto, Canada.





## EDITORIAL.

### PREVENTION THE KEYNOTE.

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In each locality the problem of public dental education will have to be worked out to suit local conditions. No matter what the local details, the golden thread running through it all should be *prevention*. Talk and urge the gospel of prevention to grown-ups as well as to children. The greater hope for the future lies with the child of to-day. Therefore endeavor to reach the children. If it be impossible to arrange with the local school board for an instruction period during school hours, then arrange for one immediately at the close of school. In one of the Toronto city public schools pupils and parents were invited to return to the school at 8 p.m. for an illustrated lecture on Oral Hygiene. This was given by Dr. W. H. Doherty. What Dr. Doherty considers a good working basis for a lecture to school children will be published in the next issue of "Oral Health."

The larger centres of population have, in accentuated form, the additional problem of caring for the dental needs of the poor. Every large city has its very rich as well as its very poor citizens, and these latter must be cared for through organized charities and by municipal grant. But even in the large cities the propaganda of prevention ought to proceed quite independent of provision for the poor through public dental hospitals. These will come, but in the meantime let the gospel of prevention be spread.

Regular periodical examination of school children's teeth is of value only as an examination to test progress, just as is any other examination. But what progress is there to test when little or no instruction is given? The first step is instruction in prevention. The great need of the hour is dental instructors, and following that, but incidental to it, the periodical examination of the teeth as a test of the pupil's progress in oral hygiene.

Examinations of school children's teeth have been held a score of times in different parts of Canada and the United States, and have been invaluable in showing the deplorable oral conditions. These examinations have all shown practically the same condition, viz., only 10 per cent. or less of the children with sound teeth and healthy mouths. These figures have been substantiated so often that they are absolutely beyond question. They are true of every locality.

Children ought to be trained to feel that in the vast majority of cases the decay of their teeth could have been prevented by a proper mastication of their food and a maintenance of proper oral conditions of cleanliness.

In cities the school authorities might appoint a dental instructor.

In other districts the Provincial Government might appoint instructors to go from section to section.

In the meantime the local dentists might, in so far as possible, give this much-needed instruction to the school children in their respective localities. Stare the ball rolling.

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## HOW TO WORK.

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Where there is a local society of dentists work through it.

Where there is a Provincial Educational Committee work under its general supervision.

Where there is no local society but more than one dentist in the locality, call a meeting and work together. "Two heads are better than one." You will work more wisely by counselling with your fellow-practitioners, possible jealousy will be avoided, and your propaganda will appeal more strongly to the public when backed up by a united profession.

Where there is but one dentist in a locality it is "up to him." Don't squirm. Don't say you can't. You can and will. The burden rests upon you and you will not shirk.



“Oral Health” wants to hear what you do, what your difficulties are, how you overcome them. Don’t be discouraged with initial failure. It is usually found that those who oppose strenuously at first become the best friends of the movement for improved mouth conditions when they are convinced of its value and the outstanding need.

The time is now—to-day.

A patient may disappoint you. Put on your street clothes and spend a half-hour consulting your confrere or some public-minded lay citizen. See what can be done.

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### A QUESTION FOR DENTISTS.

The New York Times of December 20, 1910, says editorially, under the caption, “A Question for Dentists”:

“The reluctance exhibited by the average man to get his life or his health insured is not unlike the reluctance of pretty much everybody to visit the dentist when he ought. It is not only a duty, it is a disagreeable and even a painful duty in the majority of cases. The ungentle promptings of toothache finally send the patient to the dentist’s chair, usually too late to save the tooth or to preserve the proper conformation of the mouth. State Health Commissioner Porter, in his statement published yesterday, noted that inspectors have recently determined ‘that 90 per cent. of school children are in need of the professional services of the dentist.’ These children are of all grades and ages, in this city and throughout the country. It is notorious that the entire population is neglectful of its oral health.

“Are not the dentists in some measure responsible for this universal and customary neglect? As a profession they have waited for the consequences of neglect, both at financial loss to themselves and loss of health to their patients, to bring them within reach of their ministrations. It is considered unprofessional for a dentist to advertise—unprofessional, at any rate, to advertize in such a way as to emphasize his peculiar capabilities. But the regular societies of dentists have not yet considered a means of aggressive campaigning by which all the members of their profession would benefit. We are confident that some means can be hit upon without offence to the dignity of the profession, and with the result of great public good. The dentists should find a way or make one.”

## SLOGAN FOR 1911 DENTAL EDUCATIONAL CAMPAIGN.

The problem of unsanitary mouth conditions, with the resulting evils, is one of long standing. It cannot be met and conquered in a single day. Its solution will require a long campaign of public instruction in oral hygiene. We would do well to approach the subject thoughtfully and systematically, that there may be a maximum of attainment and a minimum of waste energy.

In December we are apt to look *backward*, and in January *forward*. The time, therefore, is propitious for the planning of a definite and practical campaign that will be worthy of accomplishment during the present year. *Here is one plan:* Let a united dental profession seriously urge upon Public School Boards, everywhere, the necessity and urgency of dental instruction in the schools. This might well be accomplished and the instruction given during 1911. The amount accomplished depends upon the wisdom and earnestness of committees and of individual dentists. Granted these and the campaign will "sweep the country."

Successful campaigns as frequently centre around a word or phrase as around an individual. Such a phrase becomes the modern battle cry, and, through its energizing force, it wins as many battles as did its earlier prototype. Thus have men been united and enthused and an *esprit de corps* developed that without a common rallying ground would have been impossible. Let this be the 1911 educational campaign slogan,

## DENTAL INSTRUCTION IN EVERY SCHOOL.

The results will make it worth while:

Cleaner mouths and better health.

Less need for the product of the tooth factory and better mastication of food.

Boys and girls with greater self-respect and cleaner morals, growing into good, clean, respectable citizens.

It is said that every man has his "chance." To every dentist who reads these words it may be said, This is yours



## THE UNEMPLOYED.

One of the most difficult questions with which the sociologist has to deal is the problem of the unemployed. "The greatest anxiety is not felt concerning the unfit and decrepit. All such who are in need have a valid claim upon the state. Nor is great anxiety exercised in contemplation of the able-bodied but lazy citizen whose flesh indeed is willing, but whose spirit is weak. The real problem of the social reformer is to so plan that work will be provided for those who are willing and able, but who, under present conditions, cannot find work to do.

The dental profession also has its own great problem of the unemployed to solve. The problem of the vast army of good, sound, healthy but unemployed teeth. Teeth that are able and willing, but are given insufficient work to do. If properly employed they would be cleaner, stronger and healthier and have years of useful service added to their otherwise short, painful and unhappy lives.

The most concern is not felt for the unfit and decrepit teeth. These have a valid claim upon their owners (or perchance the state) to procure for them proper attention. The greatest anxiety is exercised over the good sound teeth that are able for work, would be better with it, and yet are denied their legitimate needs. Not that there is lack of work for such teeth to do. The problem is not one of *more food*, but of *food better masticated*. The question is a present-day problem because the owners of these unemployed teeth choose the easier way—too busy or thoughtless or negligent to give their teeth proper health-giving exercise.

This is the great *problem of the unemployed* that the dental profession is endeavoring to solve.

Its solution is part of the propaganda which has become popularly known as "dental education."

Is your shoulder to the wheel?

---

The New Year 1911.

¶ You may have already subscribed for a Dental Journal for 1911, — Good.

¶ You may have already subscribed for two Journals—so much the better.

¶ Dollars so spent are those for which you receive 100 cents worth of value.

¶ "Oral Health" not only wishes you a Happy and Prosperous New Year." but also hopes that the year may be made such for both magazine and reader by your subscribing for 1911.



*W. H. Doherty, D.D.S.*

Dr. Doherty has taken a great interest in Dental Educational Affairs  
and has been mentioned as Dental Inspector in  
connection with Toronto's new plan for Medical  
Inspection of Public Schools.





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FOR FEBRUARY, 1911.

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## NATURE'S LESSON.

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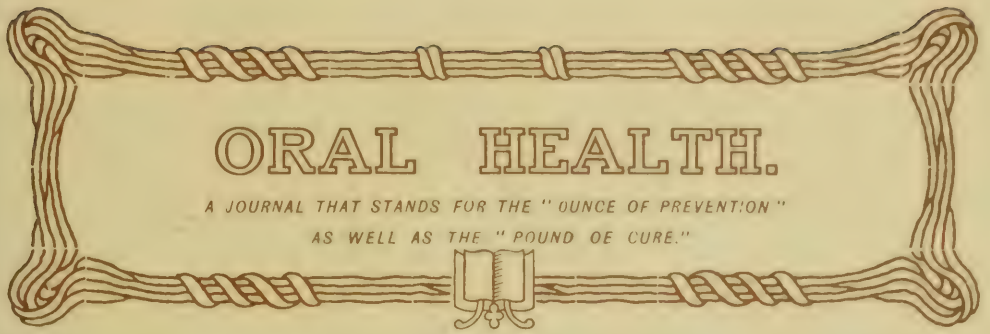
THE Century plant in its tropical bed  
Grows up for a hundred years,  
And when it reaches its stately prime  
A bloom for its crown appears;  
And the wind blows down from its  
    flowery crown  
The buds athwart the ground,  
So where each one falls a new plant lives  
To run ITS century round.

When each leaf has gone from the parent  
    stem  
With the aim of the century won,  
The old plant droops and sadly dies  
For its great life work is done.  
It has grown and struggled for ages past  
With a single purpose ahead,—  
To give birth to the flower with a  
    thousand buds  
Each to plant in its tiny bed.

So this Agave plant in a garden fair  
Where thousands its beauties behold,  
(Or mayhap hid away in a desert wild  
Where to no eye its beauties unfold)  
Still patiently grows with a definite aim  
An ideal always in view;  
At the close of its life consenting to  
    death  
To bring forth the birth of the new.

M.N.J.

Toronto, Canada.



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Vol. 1.

TORONTO, FEBRUARY, 1911.

No. 2.

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## A SYNOPSIS OF LECTURE ON ORAL HYGIENE.

*(Suitable For Parents and Teachers.)*

BY W. H. DOHERTY, D.D.S.

Professor of Dental and Comparative Anatomy, Royal College of  
Dental Surgeons.

**M**OST disease is due to ignorance and is preventable. Of no class of diseases is this quite so true as of those which the dental surgeon is called upon to treat. In spite of this fact, probably less than ten per cent. of the public ever consult a dentist, beyond perhaps having a particularly troublesome tooth extracted. To educate this remaining ninety per cent to care for their mouths, and so prevent the present appalling sacrifice of countless thousands of priceless teeth, with all the evils, local and general, attendant upon this general condition of neglect, is surely a work of sufficient importance and of such glowing possibilities to the race as to engage the attention of every dentist to whom altruism has a meaning.

The logical place to overcome this condition is in the school. School clinics have been suggested and are in operation in a number of places. That they relieve a great amount of immediate suffering and on the whole accomplish much good cannot be doubted. Their place is, however, distinctly secondary. Education is the great weapon with which this colossus of neglect must be overthrown. Educate the child and educate the parent, and it is safely within the mark to say that over fifty per cent. of the disease and malformations in childrens' mouths can be prevented.

In practically every locality school boards and school teachers, if the matter is placed before them, are eager to have talks on the care of the mouth and its influence on the general health given to the parents and school children. It has been found in Toronto that in some cases they do not wait to have these talks suggested, but ask that they be given. In one of the most progressive schools a series of these "Health Talks" is being given during the winter, and the Principal remarked that he began with the most important, that on the care of the teeth.

In a campaign for clean mouths the beginning should be made, if possible, with a lecture to the parents and teachers. If the parents can be impressed with a vital importance to their children of clean, healthy mouths, their co-operation is ensured at the outset, and in all probability the tooth brush and dentifrice necessary that the child enter upon the habit of mouth cleanliness, will be forthcoming when the talks to the children are given, and efforts are concentrated upon teaching the child regular daily care of the mouth.

No set lecture could be given with equal effect by all men. The style will depend upon the lecturer. However, there is one point that should be borne in mind, and that is that it is of vital importance to the success of this educational campaign that we be thoroughly conversant with what to-day are the recognized theories of susceptibility and immunity to dental caries. We do not, except in extreme cases, have to convince the public that teeth are desirable, but we do have to concentrate every effort upon eradicating the multitude of false ideas and false theories concerning the teeth that exist in the minds of the laity. The public must be made to understand that the dental profession *know* the root of the difficulty, that caries is an understood process, and that *there can be absolutely no decay if the bacteria of caries can be prevented from lodging on the tooth surface*. "A clean tooth never decays," has been and may well be one battle cry in the campaign for "*good teeth, good health*."

The following outline of a lecture for parents and teachers is given at the request of the editor. The writer has given the lecture and simply offers it as a possible help to some of the many who, we feel, will be interested in and wish to take part in what can be made the most significant health movement of the century. This lecture was illustrated by a set of lantern slides, which are an immense help, both as illustrations and to stimulate and retain interest. Charts may be used for this purpose where a lantern is not available.



*The Eruption of the Teeth.*

Explain the cause of the pain when the child is cutting its teeth, and also indicate briefly local and systemic disturbances connected with this period. Emphasize the need of care of the mouth, even at this early date in the child's life, and give some of the simple remedies for the child's relief.

*Structure of the Tooth.*

A very brief description of the structure of the tooth and pulp will be interesting. The explanation also of the fact that a tooth may be sensitive without the pulp's being exposed, should be given. Thousands of teeth are sacrificed because they are thought to be hopelessly gone and the nerve exposed, simply because they become very sensitive.

*How Teeth Decay—The Plaque.*

The lecturer should have a perfect grasp of the recognized theories of caries. The audience should be thoroughly impressed with the fact that the beginning of caries is due to the bacteria finding a lodging place on the tooth. That there, under the protection of a gelatinous covering, they form an acid directly in contact with the tooth, which dissolves out the lime salts, causing a breaking down of the tooth forming a cavity. Press home the point that if the bacteria can be kept off the teeth there will be no decay, and that this can be done by scrupulous care on the part of the patient and by frequent visits to the dentist for prophylactic treatment. Explain the influence of starch and sugar on caries, acting as food for the bacteria. Correct the mistaken idea that it is the diffused acid in the saliva that causes caries. If it were strong enough to destroy the teeth what would become of the soft tissues?

*So Called "Soft Teeth."*

It is never too early in a lecture of this kind to disabuse the minds of the audience regarding the "soft teeth." It would be impossible to estimate how many teeth have been consigned to the forcep, and how many patients have lost hope in the fight against caries through the false idea that some teeth are "soft." Dr. G. V. Black has proven (and Tomes has verified his findings) that the teeth of different individuals are practically identical in so far as the percentage of lime salts is concerned. In one hundred teeth of different persons, some subject to decay and some immune, he found a variation of about one-half per cent. Between children and adults he found a difference of

about one and a half per cent. It is extremely important that the public be made to realize that the beginning of caries is brought about, not by the chemical structure of the tooth, but by its environment. That it is only after decay has begun that the structure of the tooth, chemically and histologically, plays any part in the process. The clean tooth never decays no matter what its structure.

*The Spread of Decay From One Tooth to Another.*

Explain how one cavity becomes a menace to the adjacent tooth if neglected.

*Tooth Ache* from live pulp. Explain briefly its cause.

*Death of the Pulp.* Tooth ache from dead pulp and its cause.

*Pericementitis.* Explain its cause.

*Alveolar abscess*, called "gum boil" or "ulcerated tooth." Explain that these teeth can be treated and made useful as ever again. A great many of the public think they are hopeless.

*Pyorrhoea.*

What it is, and how it can be prevented and cured. Explain how the whole system may be poisoned by the swallowing of pus and decaying food in this condition of the mouth.

*Irregularities of the Teeth.*

Explain their cause. Emphasize the importance of the care of the temporary teeth in this connection. The necessity for filling them. Effects of premature loss or too long retention. The effects of adenoids and enlarged tonsils or any nasal obstruction producing mouth breathing. The evil results of thumb sucking, the excessive use of the "comfort," and gum chewing.

*The Present Day Condition of School Childrens' Teeth.*

There is no better method of impressing on an audience the seriousness of the conditions found in the mouths of school children, than by quoting some of the results of examinations that have been made in all parts of the world. In Prussia it was found that 95% of the school children had defective teeth. In Copenhagen 97% were suffering from caries. The reports presented to the International Dental Congress showed that from 80% to 98.5% of the school chil-

dren in the countries represented had cavities in the teeth. At Andover, Mass., out of 497 pupils examined only nine girls and six boys had a clean bill of oral health. Recently the pupils in two schools in Toronto were examined with the following startling results:

Number of children examined .....	894
Physical condition below normal .....	29.5%
Mouth breathers .....	27%
Mal-occlusion .....	43.5%
Power of mastication impaired .....	65.5%
Enlarged glands .....	28%
Unclean mouths .....	71.5%
Number of cavities per child .....	7.19%
Pus exuding into mouth .....	30.5%
Toothache .....	32%
Children needing dental treatment .....	95.75%

Point out the results to the child of conditions such as these. At no other period in the life of the individual is nutrition of as paramount importance as during childhood. The child in a few years is expected to double in weight and have its mental faculties and moral fibre approach maturity. What can be expected of children who are in pain and suffering from the reflex nervous disturbances that may follow, or who have absolutely no opportunity to masticate and are in addition swallowing pus with every mouthful of food? The "bad boy" is very often a very good boy if he is relieved of these handicaps. It has been estimated that a child with a defective mouth loses from six months to one year in the public school course, and that New York loses \$800,000 a year as a result of the extra effort required to put these children through the public schools. It becomes then good policy, financially, for a municipality to educate the child in Oral Hygiene and to provide clinics to take care of the worthy poor.

### *The Effect of Oral Conditions in Infectious Diseases.*

No campaign against tuberculosis will accomplish the greatest possible results unless the importance of Oral Hygiene is strongly emphasized. Dr. Geo. Cook, Chicago, has found the tubercle bacillus in the tooth cavity, in the root canal, at the apex of the root, and in the lymphatic gland, showing beyond a doubt the importance of this mode of entrance of the germ into the body. A tuberculous gland becomes a focus of infection, from which the disease spreads to other parts of the body.



Point out the unfortunate after effects of scarlet fever, resulting in loss of hearing. It is said that this is often due to the retention of infection in carious teeth, whence it reaches the Eustachian Tubes.

A large percentage of us have the pneumonia germ in our mouths. There they lie awaiting a lowering of our vitality to afford them an opportunity of becoming active and producing the disease. Scrupulous care of the teeth and mouth on the part of the public would undoubtedly greatly reduce the number of cases of this most fatal of diseases.

Diphtheria germs are often found in the mouths of children not suffering from the disease. These children may infect others more susceptible, and thus spread the disease, though not themselves ill. In an epidemic in a Chicago school nine children were found who were well, yet harbored virulent bacilli in their mouths. Previous efforts to stamp out the disease had failed, but with the removal of these children the trouble ceased. (Dr. Evans, Health Officer, Chicago.)

Where children have an infectious disease and after recovering, and when thought free from infection, carry the disease to other members of the family, in all human probability the infection has been retained in carious teeth.

### *The Care of the Teeth.*

It is fitting that after these serious results of lack of care of the mouth are pointed out that the lecture close with instruction in the proper care of the mouth and teeth. Emphasize the great desirability of the small brush with well separated rows of bristles. Illustrate the proper method of brushing the teeth. Point out the impossibility of taking anything into the mouth strong enough to destroy the bacteria of caries and that it is mechanical cleaning that must do the work. Give any advice regarding the use of dentifrices, mouth washes, etc., that seems desirable.

If it is necessary to give only a very short talk, it is perhaps best to confine oneself to the broader aspect of Oral Hygiene, in its relation to the general health and leave out the merely descriptive part of the outline. Practically all the magazines have, during the past year or more, contained excellent material for talks on this subject. In fact the amount of interesting and effective material to be had is so great that it becomes more a question of what to leave out than of what to include. The lecturer may feel assured that any audience hearing a lecture of this kind will feel grateful to him for having brought to their attention so much that is not only interesting, but full of possibilities of good for themselves and their families.

# ASEPSIS IN DENTISTRY.

BY JOSEPH S. GRAHAM, M.B., M.R.C.S.,

Professor of Histology, Bacteriology and General Pathology,  
Royal College of Dental Surgeons.

*(continued from last issue.)*

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## PREPARATION FOR DENTAL OPERATIONS.

Instruments should be sterilized before all operations, whether wounding of the mucous membrane is intended or not. This is best done by boiling. It is very simple where there is electricity in the office, to have a sterilizer heated by electricity, or to have an ordinary sterilizer, six by four, heated by a Bunson burner or an alcohol lamp. It is well to allow the instruments to boil for five or ten minutes, remove by means of a false bottom, then place them (if not wanted immediately) in a weak formalin solution and dry before using with a sterilized cotton wipe. Many dentists use a formalin solution and do not boil, but experiments in this, show that instruments infected with a vigorous growth of staphylococcus, if placed in a tight box and exposed for 15 hours to the vapors of formaldehyde, generated by evaporation from a large shallow dish of formaldehyde (40%) and then washed in sterilized water, showed a good growth in broth. A formalin solution is a good disinfectant in which to place sterilized instruments, and if expense is not a prime factor, I would suggest that two sets of cutting instruments be employed so that there would be no delay between appointments. Burrs or cutting instruments used in the dental engine may be sterilized by boiling in oil, then transferred to Benzol or wiped off by a sterilized wipe dipped in benzol. There is no danger of water getting into the hand piece and ruining it, and no danger from the wire brush; this latter, if a necessity, may be sterilized by boiling in oil or water, then dipped in benzol or gasoline to remove the oil or water. The benzol may be kept in a flat dish with a ground glass cover, say with a diameter of four inches. Burrs may be left in this solution without danger of rust. The dish containing the benzol or gasoline should not be opened beside a flame. The instruments intended for use on a patient should be dried by means of a sterilized wipe, or in case of burrs by dipping in benzol or gasoline which evaporates quickly. The

instruments may now be placed on the glass surface of the swing table which has already been sterilized by wiping with 1-1000 bichloride, or on a sterile towel placed on the surface of the table. I would recommend boiling instruments rather than any other method of disinfection, as it is much easier to do and has the further advantage of being non toxic. A series of experiments, made in the Laboratory of the Board of Health, 1903, showed that infected instruments placed in pure carbolic (95%) for 10, 15, 30, 60, 90 seconds, and then washed in sterilized water (not wiped) and afterwards placed in a broth tube, showed a growth from instruments immersed for 10, 15, 30 and 60 seconds.

In case a smooth cutting instrument be needed for immediate use, and not previously sterilized by boiling, a pretty sure method is to wipe off with pressure by means of sterilized wipe dipped in alcohol.

#### ABSORBENT COTTON WIPES, TOWELS, DRESSING, ETC.

It is just as convenient to use sterilized absorbent as non-sterile. Wipes may be made of absorbent cotton gathered together in little balls, about one inch in diameter, and wrapped in plain factory cotton, perhaps 10 or 15 wipes in a bundle, pinned and placed in the oven of the kitchen range for sterilization. The same may be done with towels, but in this case I would recommend the use of cheap towels as scorching may take place. You may have a steam sterilizer placed in your office at a very moderate cost (\$25.00 or \$30.00), which would do away with the possibility of scorching, as it is perfectly safe to sterilize the finest linen by this method. The advantages are that you have a sterile towel to place under the head of your patient, a sterile towel for his neck and sterile cotton to place on sterile instruments.

#### THE OPERATOR.

Little need be said as to personal cleanliness and the use of a washable linen coat. These are matters of habit on the part of the dental operator. The nails should be kept short, and care should be taken to have no hang nails. The hands should be well scrubbed in running water for a couple of minutes before work on each patient is begun. The use of rubber gloves is unnecessary, except in cutting operations. There is one matter of great importance, and that is the covering of the mouth and nose of the dentist by three or four thicknesses of gauze, which may be tied at the back of the head. This allows of the air breathed by the dentist to be filtered by the gauze. The physician, in examining the chest of a patient, requests him to turn away the head, so that he need not breathe the directly expired air of the patient, but



the dentist, working as he does, must necessarily breathe a certain amount of the expired air. This is not all. A patient in the dental chair may find it impossible to restrain a cough, and a fine spray is emitted, which strikes the dentist's face. In the case of tuberculosis, the expired air is not nearly of such great danger as the spray which results from coughing, when many tubercle bacilli are set free in the air. If placing of gauze over the mouth and nose is not made a routine practice, it is strongly recommended in doubtful cases.

### THE MOUTH.

In septic mouths, or in mouths where a cutting operation is to be done, a preparation of the field of operation is necessary. There is no safer mouth wash that I know of than potassium permanganate solution, used frequently before the appointment. A solution of 1-4000 freely used will do much to render infection less liable to occur. Unintentional cuts through the mucous membrane of the patient, or through the skin of the operator may safely be cauterized by pure carbolic and neutralized in a second or two by the application of alcohol to the cauterized area. Too much care cannot be taken in this regard.

### RECEPTACLES FOR WASTE.

Mention has been made before of the nickel repository for waste. This is bad, as we do away with many of the benefits of sterilization. All receptacles should be made of cardboard or paper and burnt after each patient.

### CARE OF INSTRUMENTS.

After use, instruments should be boiled, wiped dry and put away in drawers especially prepared for them. It has been said that boiling dulls the edges of cutting instruments, but it is hardly possible to conceive how this should be the case unless it were due to rubbing against other instruments. This may be avoided by rolling a wisp of cotton around the cutting edge before sterilizing.

It takes a little extra time and a little extra care on the part of the dentist to carry out such a technique, and there comes the practical question as to who is going to pay. The patient of course, and gladly, for the public are fast becoming educated along the lines of prevention. Take as an example the question of certified milk with the extra expense involved in its production. Many of us pay willingly for the extra security. Help in the education of the public. If sometimes it is unappreciated by them, you will at least have that glow of satisfaction that comes from duty well performed.

# A SUGGESTED OUTLINE OF LECTURES TO NURSES ON DENTAL HYGIENE.

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PREPARED BY DR. R. G. McLAUGHLIN, TORONTO,  
and adopted by the Ontario Dental Education Committee-

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## GENERAL INTRODUCTORY TALK.

Try to impress on the class the value of such knowledge to the professional nurse. Nurse should be capable of giving correct advice about daily care of the teeth; tooth brushes and dentifrices; to detect threatened dental deformities, diagnose cause of toothache and apply simple remedies. Also should be able to make intelligent records about such matters for the attending physician, and to answer the anxious inquiries about the time and order of eruption of the different teeth, etc., etc.

### *Functions of Teeth.*

They are the organs of mastication; aid in giving expression to the face, and assist in articulation or speech.

Give here a general talk on the different teeth that go to make up the complete set in the human mouth; their individual characteristics and use.

At this point take up a little comparative dental anatomy. (Read *Broomell* or *Underwood* or *Thompson* on this subject.)

Describe by means of a chart the different parts of a tooth. Have something interesting to say about each of these parts.

At this point take up the subject of the calcification and eruption of the teeth. Make out a table showing the period and the order of calcification and eruption of complete sets of temporary and permanent teeth. (See attached table.) Give a little attention to developmental defects on teeth as a result of certain diseases peculiar to children.

## LOCAL AND CONSTITUTIONAL DISTURBANCES ATTENDING THE ERUPTION OF TEMPORARY TEETH.

Take up this subject rather fully, giving symptoms and simple home remedies. (On this subject read *Barrett* or *Holt*.)

Importance of sound temporary teeth to the child. Necessity for strict periodical examination; evil results attending neglected teeth at this age; such as impaired digestion, contracted arches and crowded teeth. Add something here about nasal obstructions and mouth-breathing and thumb-sucking. Picture the mouth-breather with the contracted and protruded upper arch, receding chin, vacant look, hollow chest, sub-normal intelligence, etc., etc.

Illustrate pronounced irregularities by means of charts.

#### DISEASES OF THE TEETH.

##### *Caries or Decay.*

The answer to the question "Why do teeth decay?" should be made very plain to the class, so that the members will scientifically understand why a clean tooth surface is comparatively immune. (Read *Miller and Black*.)

##### *Pulpitis.*

Causes, symptoms and simple home remedies. In specifying these remedies the lecturer is not expected to go beyond those generally found in the home or the nurse's kit.

In the case of pulpitis we might include such remedies as—washing out cavity with warm water—protecting it from pressure of food while eating—oil of cloves on cotton—counter irritants—hot foot bath, saline cathartics, etc.

##### *Pericementitis.*

Causes, symptoms and simple home remedies such as hot foot baths, counter irritants, saline cathartics and giving the part a rest.

##### *Alveolar Abscess.*

Description of, and causes; symptoms, and simple remedies, such as hot foot baths, hot poultices of raisins or figs on the gum over the offending tooth; laxatives and cathartics. Also evacuation of pus.

##### *Pyorrhea Alveolaris.*

General description of, symptoms, and causes. Neglected and ill-kept mouth a frequent cause. Trace history of a case from simple gingivitis and neglected salivary calculus to pronounced pyorrhea.

##### *Effects of Pyorrhea.*

(a) Locally: soreness of teeth to percussion, inflamed gums, local abscesses, pus exuding into the mouth, loosening, and eventually loss of tooth.

(b) Constitutionally: an impaired digestion from faulty mastication, septic poisoning from the continued swallowing of pus, etc.

Preventive treatment, which just means use your teeth and keep them scrupulously clean.



Home remedies: give tooth rest, use counter irritant and strict cleanliness.

(Read chapter on this subject in Buckley's "Dental Medicine" or Johnson's "Operative Dentistry.")

#### EVIL EFFECTS OF DISEASED TEETH AND NEGLECTED ORAL CAVITY ON THE GENERAL HEALTH.

On this subject read "Hunter's Oral Sepsis."

Trace to oral sepsis such ailments as enlarged glands, inflamed tonsils, septic catarrh of stomach, indigestion, persistent anemia, tuberculosis, etc., etc. (See *Miller*.)

For the evil results arising from an impaired masticatory apparatus read an article by Horace Fletcher in the *Ladies' Home Journal* in September and October of 1909.

#### PROPER DAILY CARE OF THE TEETH.

On this subject give in detail the care of the teeth during one whole day. A talk on tooth brushes and how to use them, dentifrices and mouth-washes.

#### IMPORTANCE OF A CLEAN ORAL CAVITY DURING SICKNESS.

(Gain information on this subject from "Hunter's Oral Sepsis.")

If patient is too weak to use brush, have mouth rinsed or swabbed out with some such antiseptic solution as a few drops of phenol in borax water. May use feeding cup for this purpose.

A short talk on care of the teeth during periods of pregnancy and nursing.

#### DISEASES OF THE SOFT TISSUES OF THE ORAL CAVITY.

Take up at least the following, giving symptoms, causes, and simple remedies: stomatitis, thrush, aptha ulcer, marginal gingivitis, tobacco sore mouth and syphilitic sores.

#### FOOTNOTES.

(1) Lecturers are advised to impress on the nurses the necessity of reporting to the physician the presence of all pathological conditions of the mouth. Be careful to emphasize the fact that all treatment should be in accord with the wishes of the attending physician.

(2) For any further information in reference to these or other lectures apply to the Provincial Education Committee through the Secretary, Dr. R. J. Reade, 2 Bloor St. West, Toronto. Also the necessary charts or lantern slides for illustrating these lectures may be obtained through the same committee.

(3) The foregoing outline of lectures should be modified and rearranged to meet the needs of individual cases.

PERIODS OF CALCIFICATION AND ERUPTION OF  
TEMPORARY AND PERMANENT TEETH

TEMPORARY TEETH.

	Calcification begins.	Calcification complete	Eruption (about)
2 Lower Central Incisors	4th Foetal Mth.	17th to 18th Mth.	6th to 8th Mth.
2 Upper Centrals	4th „ „	17th to 18th „	7th to 8th „
2 Lower Lateral Incisors	4th „ „	14th to 16th „	7th to 9th „
2 Upper Lateral Incisors	4th „ „	14th to 16th „	8th to 9th „
4 Cuspids	4th „ „	20th to 22th „	17th to 18th „
4 1st Temporary Molars	5th „ „	18th to 20th „	14th to 18th „
4 2nd Temporary Molars	5th to 6th „	20th to 22nd „	18th to 24th „

PERMANENT TEETH.

1st Molars	8th Foetal Mth.	9th to 10th Year.	6th 'o 7th Year
L. Cent Incisors	1st Year	10th to 11th „	6th to 8th „
U. „ „	1st „	10th to 11th „	7th to 8th „
Lateral Incisors	1st „	10th to 11th „	7th to 8th „
1st Bicuspid	4th „	11th to 12th „	9th to 10th „
2nd „	5th „	11th to 12th „	10th to 11th „
Cuspids	3rd „	12th to 13th „	11th to 12th „
2nd Molars	5th „	16th to 17th „	12th to 14th „
3rd „	9th „	18th to 20th „	17th to 23rd „

SUGGESTIONS FOR THE CARE OF THE TEETH.

Brush the teeth upon rising in the morning and before retiring at night, and if possible after each meal. Use a small brush and plenty of water. At least once a day use a dentifrice recommended by your dentist. After brushing always rinse the mouth with an abundance of water.

Brush the outer surfaces of the teeth by placing the bristles of the brush against the gum and rotating toward the grinding surfaces—the uppers downward, the lowers upward.

Brush the inner surfaces in the same manner as the outer—from the gum toward the grinding surface. Brush the grinding surfaces in all directions.

If particles of food still remain between the teeth, remove with a small quill toothpick. Never use wooden ones for this purpose.

Consult a dentist as often as he advises.

It is very important that the teeth be thoroughly brushed just before retiring.

# A FEW ECHOES

FROM THE COMPLIMENTARY BANQUET RECENTLY RENDERED  
JOHN W. DOWD, LL.D., BY THE TORONTO DENTAL SOCIETY.

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INFECTION THROUGH DECAYED TEETH.—The German physicians in conducting an investigation have come to the conclusion that a decayed tooth is a better means for bacterial invasion or the invasion of tuberculosis into the body than through the œsophagus or through the wind-pipe; the germ gets into the decayed tooth, it extends to the alveolar tissue, it goes from there into the cervical glands, and the German physicians say about 80 per cent. of these glandular affections such as are recorded there are tubercular.—*John W. Dowd, LL.D.*

IMPORTANCE OF MASTICATION.—When I was a boy things used to get wrong with the stomach and the cecum and the ileum; all the trouble used to be down there, and I think it is Horace Fletcher who says that if proper attention is paid the three inches of the alimentary canal where there is voluntary digestion, where we can get at it, where we can clean it, if we take care of the oral intake, if we will have good teeth and manage our food properly and send it into the stomach properly prepared we will never know we have an alimentary canal; if we don't do that we will never know we have anything else; it will give notice it is being abused.—*John W. Dowd, LL.D.*

MOUTH HEALTH AND CITIZENSHIP.—The time is coming when every prison and hospital and reformatory institution will have its dental department; attention will be paid to the teeth as elements of good citizenship. I know that every school board should have its dental member. Medical and dental inspection of our schools is coming, but you know as a necessary corollary to mental education is brain with health. If you allow the one at the public expense, you must allow the other, because it is folly to educate the minds of the people in bodies that are unable properly to wield the mind.—*John W. Dowd, LL.D.*

CERTIFICATION OF ABSENCE FROM SCHOOL CAUSED BY NECESSARY CARE OF THE TEETH.—For the first time in my experience of thirty-seven years I was asked the question, if a boy is away from school to have his teeth attended to will he lose his certificate? . . . I take the responsibility of saying "no" to that question. . . . I have said to our Board of Education, and I say still, and I am going to say it till we recognize it, that the teachers who have to go to receive dental attention should not have a deduction made from their salaries for that any more than the teachers who have to go to receive medical attention.—*Chief School Inspector J. L. Hughes of Toronto.*





## MULTUM IN PARVO



This Department is Edited by C. A. KENNEDY, D.D.S.

Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

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OBTUNDENT FOR SENSATIVE DENTINE.—The following formula is recommended by Dr. C. N. Peirce:

Cocain .....	gr. v
Carbolic Acid .....	gr. xx
Chloroform .....	ʒ ss
Muriatic acid .....	Min. x
Alcohol .....	ʒ ii

—*Dental Brief.*

### VACCINATION AND ENAMEL HYPOPLASIA.

In answer to a correspondent, *The British Medical Journal* replies as follows: "So far as we are aware, the suggestion that there is any danger to the teeth of infants who are vaccinated during the first few months of life—that is to say, owing to any interference with the germs of the permanent teeth, has never been entertained by medical men. During the course of an enquiry into the causes of hypoplasia (that is, bad formation) of the teeth, including many hundreds of cases, the suggestion did not arise. Such injury could only occur in consequence of general infection; if a child were seriously ill from vaccination, whether from sepsis or true vaccinia, for any considerable length of time, the teeth might bear a permanent record of the fact in the form of a horizontal band of hypoplasia. For a discussion of this form of hypoplasia of teeth see *British Medical Journal*, November 23, 1907, pp. 1488, et seq., "Etiology and Pathology of Defects of the Teeth in Children."—*British Dental Journal*, Vol. 31-13-646.

**IODIN STAINS.**—A solution of sodium hyposulphite, the photographer's hypo, quickly removes iodine stains from linen, etc. It is inexpensive, and not unpleasant to handle.—*T., The Dental Brief.*

**BREAKING OF CONTRACTION OR EXPANSION ARCHES.**—The breaking of contraction or expansion arches frequently occurs at the portion where the thread begins. In order to avoid this, the arch is held at that place with a pair of flat tweezers in such a way that part of the thread and part of the smooth wire is held in the tweezers, thereby preventing a breaking of the weak portion.—*Geo Poulson's Bericht, The Dental Cosmos.*

**PREVENTING THE HARDENING OF RUBBER.**—To prevent the hardening of articles or instruments of rubber, keep them in a tin can containing talcum. If they need softening, bathe them in ammonia water, afterward passing them through glycerated water.—*Revue Trimestrielle Belge de Stomatologie, The Dental Cosmos.*

**A GOOD SPRUE WIRE FOR INLAYS.**—Old needles used with a Victor talking machine make good sprue wires for inlays.—*R. E. Cockrell, Dental Summary (The Dental Cosmos).*

**OXYPHOSPHATE OF COPPER, AS A SPACE OCCLUDER.**—A writer in *Dental Practice* recommends oxyphosphate of copper for filling the spaces under and between the roots of molars where from resorption of tissue the roots are exposed, and food collecting spaces have formed. These spaces are highly objectionable, they cannot be kept clean, and are frequently the cause of much discomfort. A celluloid cement tube will be found very useful for introducing the cement. The soft tissues take kindly to the oxid of copper, and it seems to give the teeth a measure of support.—*Dental Cosmos, December, 1909.*

The relative safety of different anesthetics may be classified as follows: According to statistics compiled, Chloroform has decidedly the highest death rate. A. C. E. or C. E. mixture next. Ether, Ethyl Chloride, Nitrous Oxide, Somnoform, Nitrous Oxide and Oxygen. Different authors give different figures as to death rate of different anaesthetics. There is not much satisfaction to a seeker of truth on the subject. Luke says, one death in 1,000 from Chloroform; one in 7,500 A. C. E. or C. E. mixture; one to 10,000 in Ether; one in 12,000 in Ethyl Chloride; one to 100,000 in Nitrous Oxide; Somnoform about the same, and so far none in Nitrous Oxide and Oxygen. If the latter estimate be true, no dentist need lay awake at night worrying over mortalities. . . .—*The Dental Summary.*

# ORAL HEALTH

EDITOR — WALLACE SECCOMBE, D.D.S.

A Monthly Journal devoted to the interests of the Dental Profession, to the furtherance of the Public Health and to the education of the Public in relation to Oral Hygiene. Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

SUBSCRIPTION PRICE - \$1.00 PER YEAR

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No. 2.

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## EDITORIAL.

### THE PRESENT NEED.

THE weakness in dental educational work in Canada at the present moment is that it is too localized. The average dentist is glad to learn of progress made, but feels he has little part in it—that it is for the larger towns and cities with their organized dental societies and committees.

If *Dental Instruction in Every School* is to be seriously undertaken in Canada during the present year, it must be viewed as *every* dentist's problem. The amount accomplished will be in direct proportion to the number of dentists who take hold. The present need is for *every* dentist to start to work.

"Oral Health" plans to publish from time to time papers containing suitable material for lectures. In this issue we publish Dr. Doherty's paper, suggesting a suitable lecture for advanced classes and parents. This will be followed in subsequent issues by suitable lectures for other school grades, for nurses in training, for school teachers, for normal students and others.

These papers will prove valuable as a working basis for the preparation of talks on Oral Hygiene, and their publication ought to make it impossible for the average dentist to excuse himself from taking part in this great campaign.

Dental Health means Public Health. Therefore, the call comes to us, not as dentists alone, but as citizens, for in the final analysis the matter resolves itself into a question of Public Health and Good Citizenship.



## MEDICAL AND DENTAL INSPECTION IN TORONTO PUBLIC SCHOOLS.

**T**HE Toronto Board of Education has appropriated about \$23,000 for medical and dental inspection in Toronto for the year 1911.

For the medical work the city will be divided into districts, each of which will be in charge of a medical assistant and nurses. The plan is to appoint a Dental Inspector for the city, who will not only organize and work for the alleviation of present mouth conditions in the schools, but also devote himself to such instruction as will prevent the reoccurrence of such deplorable conditions in the future. The problem of dental hospitals for the poor will now require an early solution, and the Board has invited the co-operation of the Toronto Educational Committee in the solution of the problem.

Oral Health will be glad to receive for publication the names of Canadian localities where instruction in the schools, in the subject of oral hygiene has been, or is to be, given.

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### DENTAL PRACTITIONER'S COURSE.

**P**LANS are being matured for a Practitioner's Course to be held in the Royal College of Dental Surgeons at Toronto during the coming summer. The course will extend over ten days and be of such a practical and comprehensive nature that it will prove an exceptional opportunity for the busy practitioner to "brush up." The dates will be arranged so as not to conflict with the Ontario Dental Society, which meets May 31st, June 1st and 2nd.

The course will embrace all the practical subjects comprising a modern dental course, special attention being given to the later devices and methods of practice.

In addition to the other advantages which the new R. C. D. S. building affords for such a course, the College Library has been recently augmented with all the more modern volumes of interest to the dental profession. The entire library will be at the disposal of the practitioners.

In making your summer plans do not fail to consider this rare opportunity of fraternizing with your fellow practitioners and returning home better equipped to give your best service to the public. Full particulars will be announced later.

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Owing to the lack of space it has been found necessary to hold over Dr. Thornton's "Impressions Gathered at the Institute of Dental Pedagogies" till the next issue.

## A MATTER OF ETHICS.

In the final analysis ethics is honesty—honesty of purpose, honesty of thought, honesty of action. True ethics does not declare “honesty is the best policy,” but rather “honesty is the right principle.” Honesty for honesty’s sake.

Professions are prone to circumscribe their ethics so that they apply only to the members of the profession and the particular individuals they serve, overlooking entirely the larger duty to the public. The dental profession must be ethical, as a profession, in its attitude to the public. We have, for instance, particular knowledge of the deplorable oral conditions of the average citizen; therefore, if we are to be but simply ethical toward the public, we must be frank and proclaim the truth, and furthermore, of very necessity, we must devote ourselves to instruction in oral hygiene and to the working out of such plans as will lead to improved mouth conditions. Thus dental education really becomes a matter of dental ethics.

Some men have the false notion that “professional dignity” and a certain “becoming reticence” are the sum total of ethics. Such a narrow chalk-line variety of ethics ever compels the “wearer” to be reticent and dignified, but sooner or later is sure to bring reproach. The true ethical spirit demands a sacrifice of time and money (and these are synonymous to a professional man) that oral conditions as they exist may be made known, that the people be educated in preventive dentistry, and that ways and means be sought to properly treat citizens who cannot afford to pay for regular dental service. Such an attitude is the only ethical one for the dental profession to assume.

It is true that the average practitioner spends an exceedingly trying day in his office, uses up much nervous energy and finds himself, after years of service, the possessor of a bare competence. Therefore it would be unreasonable to ask the dentist to permanently carry the public burden. The problem will ultimately be solved by the public itself, and yet, at the present time, the load cannot be shifted to others than the dental profession. It is our duty to show clearly the public need, and then as surely as day follows night the child in our schools will be taught prevention and public dental hospitals will be established for the poor.

You have never made a sacrifice for dental education? Then you should know that in the days to come your bona fides as an ethical dental practitioner will be surely questioned.



## INSTRUCTING PATIENTS IN ORAL HYGIENE.

**A** MORAL obligation rests upon every conscientious dentist to give instruction to his patients in Oral Hygiene and Prophylaxis. Few patients care to have their dentist reserve and charge for time to give such instruction, though it would ultimately prove an economy for the patient. Nevertheless, even the busiest dentist does frequently find time to give a great deal of such instruction and frequently takes a tooth brush and gives the patient a regular "tooth brush drill." The difficulty is that the lack of time or other circumstances often forbids such instruction in the very cases that need it most.

The only practical way out of the difficulty is for the dentist to have available, printed instructions, which he may place in the hand of his patient. Such procedure might also follow what verbal instruction the dentist has had opportunity to give.

To meet what "Oral Health" believes to be a real need of the profession in Canada, such a card of instruction has been prepared. The rules used are those endorsed by the Educational Committee of the Ontario Dental Society.

These instructions have been neatly printed in brown ink on a tinted card 3 x 4 inches, and will prove invaluable in the practice of the busy dentist.

It has come to the attention of "Oral Health" that the Colgate Company, in certain educational work undertaken by that firm, has, with much success, used a pledge card in work among boys and girls. Such a card arrests the immediate attention of younger people, and if placed near the spot set apart for "daily ablution" acts as a daily reminder of the necessity for daily care. By many educationists, pledge signing is not considered "pedagogically correct." Therefore, a "Reminder" card has been prepared and may be well used as a fitting climax to lectures to school children, and if carried home by the child will serve to make a more lasting impression of the lecture upon the mind.

"Reminder" cards have the instructions on how to clean the teeth printed upon the reverse side. Facsimiles of these cards are printed on the opposite page. They have been parcelled in packages of one hundred (containing fifty of each style), and will be sent without charge to subscribers of "Oral Health" who feel that such cards would be of service in their practice, or for use in other educational work.

Simply make the request and the cards will be sent by return mail. Address, "Oral Health," Lock Box 26, Toronto, Canada.





*Dr. R. G. McLaughlin*  
of Toronto

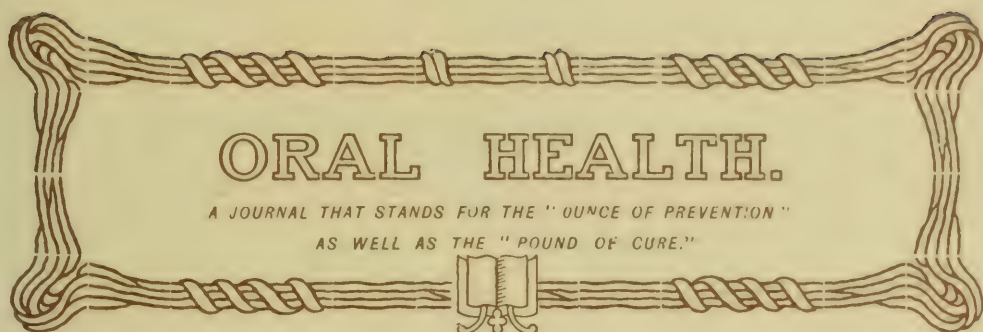
Chairman of the Toronto Educational Committee; also member of the  
Ontario Educational Committee.

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## THE RELATION OF CHRONIC NASAL OBSTRUCTION TO DENTISTRY.

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**P**OSSIBLY dentistry has progressed more in the last few years than any other branch of medical science. Not so many years ago the average dentist was satisfied if he could extract carious teeth and fill an occasional one which the possessor did not care to lose. How different it is to-day. Dentistry is now divided into many different departments. In the larger cities we have men who exclusively extract teeth, others only do regulating, some make a specialty of crown and bridge work, while a few devote all their time to oral sepsis, such as curing pyorrhoea alveolaris or giving prophylactic treatment.

However, we must not run away with the idea that specializing is everything. The ideal dentist, like the family doctor, is the one who looks after the general welfare of his patient. You are perfectly safe in his hands. What he can do well he does—what he cannot, he sends to someone else who he knows can. My object in this paper then will be to stimulate a closer relation between the medical man and the dental surgeon, and to try and show how frequently their work overlaps. Almost every medical examination includes the examination



of the patient's tongue. The mouth, therefore, is the great common meeting place for both doctor and dental surgeon. The relation of oral sepsis to the general health is an intimate as cause and effect. No one can enjoy good health who has a chronic septic mouth. Many chronic diseases are caused from this very condition. For example, dyspepsia, chronic rheumatism, blood diseases, and frequently chronic antral suppuration. This subject has been very ably discussed by Dr. Wm. Hunter of London, Eng., in an address to the McGill students (*Lancet*, Jan. 14, 1911). Every dental surgeon should read that address carefully.

The effects of chronic nasal obstruction upon the jaws and teeth is a subject regarding which the rhinologist and the odontologist should compare notes. Formerly the antrum of Highmore was the meeting place. Here dental disease produced suppuration in this sinus, but in this paper things are in the reverse direction. That is, disease in the nasal cavity is producing dental abnormalities and carious teeth.

Nasal obstruction is very common, and especially so in the early years of life. Probably between the ages of 5 and 12 years it is the most common. At this age it is usually due to adenoids and enlarged tonsils. Every child is born with these lymphoid masses in the throat, and whatever the function of this tissue is, that duty to the child has been performed at the early age of 5 years. So, then, in the perfectly normal child this tissue from the age of 5 years should gradually disappear until puberty is reached, when it is practically all gone. Many children, however, have frequent colds in the throat and nose, or they may have had some of the exanthematous fevers, such as scarlet fever, diphtheria, or measles, and, instead of the adenoids and tonsils atrophying after the age of 5 years, these organs become unduly large, and so produce marked nasal obstruction.

Now the trouble begins. The effects are very far-reaching. If neglected permanent effects will be produced, both mental and physical, which can never be remedied. Examine a marked case in a child say about 12 years of age. It is a pitiable sight. The child who might have been mentally and physically well developed has the appearance of an idiot. The child goes about with an open mouth, listless expression, and is dull of hearing. The child's education is greatly interfered with on account of the dulness of hearing and inability to concentrate the mind. The face is pale, long and narrow. On closer examination considerable facial deformity may be recog-

nized. The upper alveolar arch is V-shaped instead of the normal horse-shoe shaped arch. The hard palate is high and narrow. The teeth are irregular and overcrowded. When the mouth is closed the upper incisors may project past the lower incisors by more than half an inch, producing what is known as open-bite. The chest presents a transverse construction known as Harrison's sulcus, and the sternum is very prominent, producing what is known as pigeon-breast. These chest conditions are produced by mouth breathing during sleep and are more marked when the tonsils are enlarged as well as the adenoid tissue in the naso-pharynx. At an early period in life the ribs are soft and pliable. A general debility is produced on account of insufficient oxygenation of the blood.

Children suffering from adenoids are mouth-breathers. They snore during sleep, or at least breathe heavily. They have a chronic rhinitis, with frequent acute exacerbations, as evidenced by a copious watery nasal discharge. These patients are usually slightly deaf, but this symptom is marked when the patient has an acute cold in the head. The only absolute test for the presence of adenoids is to either see or feel them. But a very good idea can be obtained regarding nasal respiration, by holding a few strands of absorbent cotton just in front of the patient's nostril, after first gently occluding the other nostril by lateral pressure at the alae nasi and at the same time asking the patient to close the lips, so that all the air will be passing through the nostril under inspection. If there is a free passage through the nostril the cotton will move backwards and forwards freely with each respiration. If the nostril is occluded the absorbent cotton remains perfectly motionless.

#### THE NORMAL AND ABNORMAL MOUTH.

For the last seven years it has been my custom to examine the teeth and jaw formation of all my patients suffering from chronic nasal obstruction. To give ideal results one should take a plaster cast of the teeth and jaw of all these cases, and then by careful measurements at certain fixed points on the palatal and alveolar arches, much useful information could be arrived at. This, I must confess, I have not done in all cases, for it entails a great deal of work. However, by careful examination and observation of a great many cases, one forms impressions that are fairly accurate.

*In the normal mouth* the superior alveolar arch is horse-shoe shaped, while the palatal arch is dome shaped. There is a small space between each of the temporary teeth, thus providing sufficient



room for the permanent teeth to erupt. The widest portion in the alveolar arch is opposite the first molar teeth. The normal condition in the closed mouth of the upper and lower incisor teeth is for the upper ones to just overlap the lower ones.

*In the abnormal mouth*, that is, in a patient who suffers from chronic nasal obstruction, things are quite different. To see the effects in a marked degree, examine a patient of 12 years who has been a mouth-breather. The chief deformities in the jaws are in the superior alveolar arch, but frequently mild deformities are noted in the inferior alveolar arch. The superior arch, instead of being horse-shoe shaped, is V-shaped. The teeth in the arch are crowded and irregular, and may even be overlapping. It is a common occurrence to see the central incisors overlapping. Besides there being this general crowding, the incisors may be noted to be rotated. The superior protrusion may be so great as to produce open-bite. The roof of the hard palate seems raised. Even more marked irregularities than these may often be seen, namely, the lateral incisors retain their normal foetal position, that is, on the posterior aspect of the alveolar arch, while the canine teeth develop on the anterior aspect of the alveolar arch, giving the appearance of a double row of front teeth. Crowding is often noted in the molar region. The first molar not having sufficient room to erupt vertically, may have to take a general slope backwards. Sometimes it may force itself vertically downwards and cause partial absorption of the second deciduous molar. The last two molars are not so likely to be misplaced, for two reasons. One, the adenoids naturally tend to disappear before these teeth erupt, and, secondly, adenoids are often recognized by this age and removed by the surgeon. Then, as nasal respiration is restored during the period of eruption of the last two molars, there is not the same tendency to have them misplaced.

#### THE RATIONALE OF DENTAL DEFORMITY FOLLOWING CHRONIC NASAL OBSTRUCTION.

True, there are many theories why nasal obstruction should bring about the above deformities in the jaws and teeth. I shall not try to discuss in detail the many different theories, but will point out a few facts, which may tend to make somewhat clear the cause and effect.

These dental defects only occur in children who are suffering or who have suffered from chronic nasal obstruction. However, as Dr. Lambert Lack pointed out a few years ago, that nasal obstruction in itself is not sufficient to produce these malformations of the jaw,



but in these cases there is produced a pressure on the jaws by the tension of the facial muscles in mouth-breathers; this pressure then being exerted on the soft and pliable maxillary bones, soon moulds the alveolar arches in the lines of least resistance.

Note a child with marked adenoids. The mouth is wide open, the lower jaw droops, facial expression is all gone, because of the tension of the cheek muscles. A short upper lip is present for the same reason. Now, if there is no tension of the cheek muscles no deformity results. Dr. Lack had a unique case. A boy with marked adenoids, who at the age of 2 years developed unilateral facial paralysis from an ear condition. This paralysis then caused the absence of facial tension on this side of the face, even though the boy was a mouth-breather. The side of the paralysis showed no dental deformity, but the opposite side of the face, where the cheek muscles were tense, showed the palatal arch high and narrow, also the teeth on this side were irregular and crowded. The incisor teeth were both rotated, the central one so that its posterior surface looked inwards, and the lateral incisor was on a posterior plane to the central one.

The anterior protrusion in these cases is likely due in part to the absence of the constricting influence of the upper lip. For in mouth-breathers the upper incisors are usually totally exposed. It may seem improbable that muscular tension could mould these maxillary bones, but when we realize that this condition is constant and is going on at an age when these bones are soft and pliable, we then see the force of the argument.

True, there may be other contributory causes. In the ordinary child who has free nasal respiration, the mouth is usually closed, so that the upper and lower teeth are in contact, then there is a constant pressure on the extremities of the palatal arch, which would naturally tend to flatten it out. In the mouth-breather this pressure is absent. When the mouth is closed the tongue occupies the concavity of the hard palate with the exception of a small cavity at the vault, so a partial vacuum is produced which would tend to lower the hard palate. Also the contact of the tongue around the inside of the palatal arch would tend to push the arch out slightly and so make it wider.

In the lower jaw the causes are not so numerous. The tension of the cheek muscles is the same as on the superior maxillary bones. In the open mouth the mylo-hyoid muscle is in constant tension, and as it pulls downwards and inwards the inferior maxillary bone is greatly influenced by this constant pull.

### THE NASAL SEPTUM IN RELATION TO THESE DENTAL DEFORMITIES.

This is a vexed question. Whether the hard palate is in reality raised, and so making the vertical diameter of the nasal fossæ less, or that it is only an apparent raising of the hard palate due to the lowering of the alveolar arches, has not yet been decided. Both views may be correct in some cases. Clinical experience supports the view that when there is great superior protrusion, producing open-bite, the nasal septum is practically normal, showing that the hard palate has not been raised. However, when there is a high grooved hard palate and no open-bite, the nasal septum is usually considerably deflected, suggesting that there has been a raising of the hard palate in this class of case.

There may be many other causes besides mouth-breathing that tend in a small way to produce malformations of the jaws and irregular and crowded teeth, but from the above arguments I am fully convinced that the chief cause is due to the constant tension of the facial muscles. Other causes are, improper feeding bottles, the comfort, sucking thumbs, premature extraction of teeth, and inherited tendencies.

### PREVENTION AND CURE.

In closing this short and incomplete paper I wish to make a few suggestions for the prevention and cure of these dental deformities that are due to nasal obstruction. It is in your hands, dental surgeons, to preserve good teeth, and also to keep the contour of the alveolar arches in their proper position. This cannot be accomplished if there is chronic nasal obstruction. Irregular and crowded teeth retain food particles and so decay follows. As I pointed out in the beginning, a septic mouth is incompatible with good health. A septic mouth in a child is especially pernicious, as it hinders development, both physical and mental. Regulating teeth is hopeless until you have established free nasal respiration. Just as soon as you realize that any of your patients have nasal obstruction refer them immediately to some one who can relieve it.

If, while at your daily dental work, you noticed that one of your patients was suffering from, we might say for example, diphtheria, surely you would advise him to consult a doctor at once, and so just as much should you see that chronic nasal obstruction is remedied in your patient.

If the nasal passages are free and mouth-breathing is only a habit, this must be corrected by proper respiratory exercises and by chin-straps at night. In order to preserve good teeth and develop a nor-



mal jaw, the rhinologist and dental surgeon should work in conjunction. Much can be done for the growing child by better care of the temporary teeth, seeing that there is free nasal respiration, and so preparing the jaw, for the permanent teeth which begin to arrive after the sixth year of life, and in so doing you prevent the disfigurement of the face and preserve good health.

#### CONCLUSIONS.

1. Chronic nasal obstruction in early life produces deformities and ill-development in both the upper and lower jaws, but especially the upper, as a result the permanent teeth are irregular and over-crowded, producing early decay.

2. In my experience these changes do not show much in the child until the permanent teeth begin to erupt, which is about the sixth year.

3. The most important cause in this deformity is the constant tension of the cheek muscles, as a result of mouth-breathing.

4. Secondary causes in the etiology might be mentioned, (a) the short upper lip, (b) absence of the spreading action of the jaws and the moulding action of the tongue (c) lack of sufficient use of the jaws. All these are dependent on the open mouth.

5. Remote causes in the etiology might be mentioned, (a) improper feeding bottles, (b) the comfort, (c) sucking thumbs, (d) absence of teeth, (e) bone diseases, such as rickets.

6. Treatment.—Early free nasal respiration is imperative. This may be supplemented by proper breathing exercises and the use of chin straps at night.

7. More care should be given to the temporary teeth, both in their preservation and also in preparing the jaws for the eruption of the permanent teeth. Masticatory exercises should be advised to develop the jaws if necessary.

#### REFERENCES.

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Dr. William Hunter. An Address to the McGill Students. *Lancet*, Jan. 14, 1911.

Dr. C. M. Stewart. Tonsils and Adenoids. *Montreal Medical Journal*. December, 1909.

Toronto, 15th March, 1911.

While this Article was on the Press, and almost immediately after reading the proof, Dr Stewart was thrown from his horse and killed by a Toronto Suburban car.

The Article stands as Dr. Stewart's last contribution to Science, and will be ever prized as such, by the Author's many personal friends both on this continent and in the old land.

Deepest sympathy is extended to those bereaved and a most sincere tribute gratefully paid to the memory of a brilliant, kind and courteous man, whose friendship and esteem were greatly valued by those who were proud to be numbered among his friends.

THE EDITOR



# THE FREE DENTAL DISPENSARY OF PHILADELPHIA.

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BY G. C. PARRY, D.D.S., PHILADELPHIA.

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THE "Free Dental Dispensary" of Philadelphia was formally opened on October 5th, 1910, with a volunteer staff of one hundred and fifty dentists, a well-equipped office and an office attendant.

This much-needed reform was inaugurated after much agitation on the part of several dentists through their dental societies. It was decided to confer with Dr. Neff, who is Chief of the Bureau of Public Health in the city of Philadelphia. Dr. Neff, in this interview, assured the dental representatives that a place would be found in which such a clinic should be housed. City Councils appropriated \$1,800 for furnishings, and two rooms (on the seventh floor of the City Hall) were placed at the disposal of a committee composed of five men, each representing one of the five regular dental societies in the city. These men did their work well, and as a result of their efforts we have offices equipped with three chairs, electric engines, operating tables (instead of cabinets we have glass top tables), fountain cuspidors, gas outfits, instruments, operating coats, etc., etc. The working day is divided into two sessions, *i.e.*, 9—12 a.m. and 1.30—4 p.m.

Each session there are three clinicians in attendance, and at each session the clinicians are different. The clinicians are notified two weeks in advance, of both the date and the session at which they are supposed to serve, the secretary of the committee having this in charge. Any man who finds it impossible to be present is expected to secure a substitute. There being a volunteer staff of one hundred and fifty men, each man has to give each month but one-half day from his office.

So far the work has been confined to public school children who have been referred to the clinic by the visiting physician or the school nurse. I believe this clinic to be the first municipal dental clinic in the world, and it is housed in the finest municipal building. So far we have as an office attendant a colored man, paid by the city, whose duty it is to look after the appointments, maintain the card system, give out supplies, and attend to all sterilization, etc.

There is absolutely no fee charged or accepted from the patients, either for materials used or for services rendered.

While there has been and still is much good being done, there are many little details which must be perfected. Experience will soon point these out, and we hope to do great things for our city's poor and deserving children. Just to show what great necessity there is for this clinic, I give below a few statistics regarding work done for four months, *viz.*, October, 1910, to February, 1911:

Patients Treated—

October, 1910 .....	184
November, 1910 .....	202
December, 1910 .....	325
January, 1911 .....	480

Total Number of Patients Treated.....1,191

Number of Operations—

Fillings—Amalgam .....	500	
Gutta Percha .....	234	
Cement .....	167	
Copper Cement .....	43	
	—	944
Canals Dressed .....	94	
Canals Filled .....	18	
	—	112
Treated for Pulpitis .....	437	
Pulps Capped .....	47	
Pulps Devitalized .....	4	
Nerves Extracted .....	142	
Teeth Extracted .....	571	
Miscellaneous .....	136	
	—	1,337

Total Number of Operations ..... 2,393

“If I knew you and you knew me—  
 If both of us could clearly see,  
 And with an inner sight divine,  
 The meaning of your heart and mine—  
 I'm sure that we should differ less  
 And clasp our hands in friendliness;  
 Our thoughts would pleasantly agree  
 If I knew you and you knew me.”

—Selected.

# THE DENTAL HYGIENE CAMPAIGN IN TORONTO.

BY R. G. McLAUGHLIN, D.D.S.

**T**HE Toronto Branch of the Ontario Dental Educational Committee has succeeded in packing into its first four or five months of existence a good deal of hard, practical work, which, it is hoped, will be crowned with at least a measure of success. Born in a large city, filled to the brim with opportunities and needs waiting the action of just such an organization, the members soon found ample scope for energetic action.

The committee is composed of ten representative members of the dental profession in Toronto, as suggested by the local society and confirmed by the Ontario Educational Committee.

At their first, or organization, meeting the members took a careful survey of the whole city, marking the different institutions where dental education was most in need. As a result the work for the year was divided into five departments, with a sub-committee in charge of each.

The Public School Committee had committed to its care the educational campaign to be inaugurated among the teachers and school children of the whole city.

The Committee on "Lectures to Nurses" was instructed to arrange, if possible, with the different hospitals and Deaconesses' Homes for a course of lectures on dental hygiene to be given at these institutions.

The Normal School Committee was asked to arrange for similar lectures to the students in attendance.

The "Hospital Clinic Committee" had for its goal the appointment of a dentist on the regular medical staff of each hospital in the city.

The Publicity Committee was appointed for the purpose of having published in the daily press and important magazines suitable articles for educating the public on the importance and care of the teeth.

The lineal scope of this article forbids giving anything like a full account of the work accomplished by these different committees. I will, therefore, be as brief as justice to those engaged in the campaign will allow.

The Public School Committee took up its work with a two-fold object in view: First, to demonstrate to the School Board the deplorable condition of the mouths and teeth of the children in our schools;



second, the appointment of a dentist to the medical school inspection staff of this city. Already in both their efforts the committee has been successful. The Board of Education was induced to allow the dental profession to conduct an examination of the children's mouths in two representative schools of the city.

The results as shown by this examination were so appalling that when brought before the members of the School Board at a supper meeting of the Toronto Dental Society every member was convinced that definite and immediate steps should be taken to remedy this evil. Quite early in the present year the newly appointed School Board took the matter into consideration, and the sum of \$1,200 was set apart for this purpose. Subsequently Dr. W. H. Doherty was appointed to the position of Dental Inspector of the Public Schools of Toronto.

Another important feature of our work has been the arrangement of a course of lectures on dental hygiene to the nurses in training at the different hospitals. This part of the work has met with much encouragement. The number of hospitals and educational institutions willing, and in some cases eager, for these lectures multiplied so rapidly that at the time of writing we have at work a staff of ten lecturers, each having charge of his own particular institution. This improvised faculty, when first appointed, met in conference and drew up a "Suggested Course of Lectures to Nurses," which is merely an outline to be followed by the lecturers on the staff. The Ontario Educational Committee has, after making some changes, adopted this outline for provincial use.

The Hospital Clinic Committee has already succeeded in having a dentist appointed to the regular staff of the General Hospital, and also placing on a more desirable and practical basis the dental appointment to the staff of the Hospital for Sick Children.

I might go on and speak more fully of the work done in connection with the Normal School and Publicity Committees, but space forbids.

Let me, however, say in conclusion that, even the short distance we have travelled in this educational campaign, has called for much time and labor from many of the busiest men of our profession in Toronto.

As chairman of the committee I am glad of this opportunity of publicly saying a word in appreciation of the splendid work done by the men with whom I have been associated in this Toronto campaign. However, we have just entered the lists; the work is only well begun; but so far the contests have been rapid and stirring, and generally, I may say, the victories have been ours.

# DISCIPLINARY POWER OF THE DENTAL BOARD OF ONTARIO.

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BY WALLACE SECCOMBE, D.D.S., TORONTO,  
*Chairman of Discipline Committee, R.C.D.S.*

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**F**OR upwards of three years there has waged quietly, but none the less persistently, a legal battle between the profession in Ontario and one James Henry, proprietor of the Toronto Painless Dental Parlors.

The Ontario Board of Directors passed by-laws during the year 1907 forbidding licentiates from practising the profession of dentistry as employees of a non-licentiate, and providing for the cancellation or suspension of license in case of necessity. The by-laws also provided for the organization of a Discipline Committee, and legal action was commenced when the Discipline Committee first met for the investigation of certain complaints made against licentiates employed by Mr. Henry.

It was claimed that the Board had no disciplinary powers, and, further, had no power under the act to cancel or suspend a license.

While the litigation has seemed to drag along, yet it has proceeded without unavoidable delay during all this time. The enumeration of the devious ways through which the several actions have passed would be rather wearisome to the average layman. Suffice it to say that at each succeeding "move" the College has found itself in a more satisfactory position, and constant progress has been made.

In addition to the advantages that have accrued to the profession in Ontario, the several judgments handed down will prove of inestimable value to the dental profession the world over, as heretofore there has been a perfect dearth of legal decisions affecting the disciplinary powers of dental boards. These judgments all make interesting reading for the dental practitioner.

The most recent judgment was delivered by the Court of Appeal for Ontario, on 14th February, 1911, and was an appeal by Frederick Gordon (employed by Henry) from the decision of the trial judge dismissing his action.

The Court of Appeal dismissed the appeal with full costs.

The opinion of the majority of the Court, written by Justice Garrow, and concurred in by Chief Justice Moss, Justice MacLaren, and Justice Magee (Justice Meredith dissenting) is as follows:

“Appeal by the plaintiffs against the judgment of the trial of  
“Meredith, C.J., dismissing the action.

“The action was brought to obtain a declaration that certain by-laws passed by the defendants were *ultra vires*, and to restrain the defendants from proceeding against the plaintiffs under the provisions of the by-laws.

“The plaintiffs were licensed to practise dentistry by the defendants in the year 1905. They afterwards entered into an agreement with one James E. Henry, who is not a licensed dentist, whereby they became the employees of Mr. Henry at stipulated wages, in carrying on the business or profession of dentists at Mr. Henry’s premises, called the Toronto Dental Parlors. Mr. Henry supplied everything required for the purposes of the business which was his, he taking all the profits and bearing the losses, if any.

“It is not, and indeed cannot be, disputed that the plaintiffs’ conduct is directly contrary to the provisions of the by-laws in question, which in the clearest terms prohibit a licensed dentist from entering into such employments, and prescribe by way of punishment that the licenses to practice may be suspended or cancelled.

“The question, therefore, is as to the power of the defendants to pass such by-laws.

“The defendants were incorporated by 31 Viet., ch. 37, now R. S. O. 1897, ch. 178. Section 15 gives the Board of Directors power to examine candidates, and to grant certificates of license to practise dentistry; Sec. 17 authorizes the Board to from time to time make such rules, regulations and by-laws as may be necessary for the proper and better guidance, government, discipline and regulation of the Board, and the profession of dentistry and the carrying out of the Act, which are to be published as therein directed, and are subject to cancellation by order of the Lieutenant-Governor-in-Council. By Sec. 21 the licenses to practise are expressly made subject to such rules, regulations and by-laws. And by Sec. 26 no person not a member of the College shall practise the profession of dentistry, or perform any dental operation upon, or prescribe any dental treatment for, any patient, for hire, gain, or hope of reward, whether by



“way of fee, salary, rent, percentage of receipts, or in any other form  
“whatever . . . under a penalty of \$20.

“Under the provisions contained in Sec. 17 the Board duly passed  
“the by-laws in question, which were afterwards duly published as the  
“Act requires, and were not cancelled or annulled by the Lieutenant-  
“Governor-in-Council.

“The power under that section to pass by-laws of some kind, for  
“the ‘proper and better guidance, government, discipline and regu-  
“lation . . . of the profession of dentistry and the carrying out  
“of this Act’, cannot, of course, be questioned—‘Profession of Dent-  
“istry’ means, I assume, those whom the defendants under the Act  
“may license to practise that profession. The words in their connec-  
“tion can mean nothing else—and they, therefore, include the plain-  
“tiffs, who are licencees. And it is apparently of no moment that the  
“by-laws in question were passed after the plaintiffs were licensed,  
“for the power is ‘from time to time’ to pass such by-laws, etc.

“There are two branches to the question to be determined, the  
“first as to the power to pass by-laws prohibiting, and the second as  
“to the power to punish by a suspension or cancellation of the license.  
“As to the first, it seems to me there is no difficulty at all in support-  
“ing the judgment. We are not the judges of the plaintiffs’ conduct.  
“All we are required to say is (1) is the by-law which prohibits such  
“conduct as that before set out within the powers conferred by the  
“statute; and (2) is it in its terms a reasonable by-law? And to both  
“questions I would, without any hesitation, answer in the affirmative.

“As to the other branch, there is room for more doubt, or, at least,  
“for more argument, because the statute does not expressly confer  
“power to impose penalties or other punishment for breaches of the  
“by-laws which it authorizes to be passed.

“But the principle seems to be well established that a statutory  
“power to pass by-laws carries with it the implied power to impose  
“reasonable penalties for their infraction, otherwise the by-laws would  
“be largely nugatory; see *Hall v. Nixon*, L. R. 10, Q. B. 152. And  
“this is only a branch of a somewhat wider rule thus expressed in  
“Maxwell on Statutes, 4th ed., p. 534: ‘Where an act confers a juris-  
“diction it impliedly grants also the power of doing all such acts or  
“employing such means as are essentially necessary to its execution.’  
“See, by way of illustration, *Reg. v. Sankey*, 3 Q. B. D. 379; *Ex*.  
“parte Martin, 4 Q. B. D. 212.

“Then the next question seems to be, is the penalty of suspension or cancellation of license a reasonable punishment for offences such as those which the plaintiffs admit?

“In some of the cases it is said that a pecuniary penalty is the appropriate penalty for infraction of a by-law. And in ordinary cases that would doubtless be the case. But to the general rule derived from the common law there must in the case of statutory provisions be exceptions depending upon the nature of the offences and prohibitions against which the by-laws themselves are aimed. If the by-law is within the power which the statute confers, and is in its terms otherwise reasonable, the power implied to punish must, within the rule before quoted, be effective to accomplish the purpose which the statute had in view.

“This statute prohibits unlicensed persons from practising. The plaintiffs are aiding and abetting Mr. Henry in carrying on a practice in defiance of the spirit, if not of the letter, of Sec. 26. Their conduct is wilful and defiant, and cannot, unless stopped, but be most demoralizing to the profession in general. The imposition of a mere pecuniary penalty would, under the circumstances, be wholly insufficient. That, it is clear, can only be effectually done, in my opinion, in the way which the defendants’ by-law now under attack directs, namely, by suspending, or, if need be, cancelling, the plaintiffs’ licenses. Section 21, to which I before referred, expressly makes the licenses to practice, and the right to ‘the rights and privileges’ conferred by the Act subject to the ‘rules, regulations and by-laws.’ So that what is called a penalty really partakes to some extent of the nature of a performance of the contract evidenced by the license. But, whatever it is, it is, in my opinion, a very reasonable, and, indeed, necessary punishment for the offence at which it is aimed, and is also within the powers which ought, under the circumstances, to be implied as having been conferred upon the defendants by the statute.

“We were referred to a number of other statutes, such as The Land Surveyors Act, The Solicitors Act, The Medical Act, etc., in which express powers to suspend or expel are contained. No two of these are identical. All were passed at different times, promoted, no doubt, by different people, and afford, in my opinion, absolutely no evidence of any general legislative intent, such as counsel for the plaintiffs contended. And certainly no such sufficiently certain guide as would justify me in ignoring the old and well-established



“rule as to implied powers to which I have referred, and upon which  
“in this part my judgment is based. I utterly fail to find any indi-  
“cation that while a notary public, a pharmacist, a land surveyor, a  
“solicitor, a physician, may be suspended or expelled for unprofes-  
“sional conduct, the Legislature intended to deal more tenderly with  
“the dentists. The fact is, I daresay, from some little practical know-  
“ledge of the course of such legislation, which is essentially what is  
“known as private bill legislation, the promoters usually, in matters  
“of internal regulation, such as this, get pretty much what they ask.

“Under these circumstances the danger of using clauses contained  
“in one of such Acts to limit or control clauses in another is obvious,  
“and has been before pointed out by eminent judges. See per Jessel,  
“M.R., in *Taylor v. Oldham*, e. Ch. D. p. 410, and per Lord Cairns in  
“*East London R. Co. v. Whitechurch*, L. R. 7 H. L., p. 89.

“In my opinion the appeal fails and should be dismissed with  
“costs.”

The writer speaks with certain knowledge when he says that the President and members of the Ontario Board have never turned back, after having once set their hand to the task, and have ever loyally supported, financially and otherwise, those having this litigation in hand.

The Committee, the Board, the profession are all to be congratulated upon this decision, which has been handed down by the highest court in the Province of Ontario.

It is safe to predict that as time goes on the dental profession in Ontario will be purged and dignified and the public more amply protected as a practical result of the litigation of the past few years.

With the exercise of disciplinary power there must come the most thoughtful and careful action upon the part of the Board of Directors. The protection of the public must be the inspiration for every action, and when such is the case the Board may proceed fearlessly and energetically in the knowledge that right must surely prevail.

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Gray says: “Where ignorance is bliss ’tis folly to be wise.” Certainly oral hygiene was not in the poet’s mind, for such ignorance never leads to “bliss.” Robert Burns decided that question in no uncertain way, many years ago, in his “Ode to a Toothache.”



## SOME IMPRESSIONS GATHERED AT THE INSTITUTE OF DENTAL PEDAGOGICS.

---

**F**OR some weeks past Washington has been much in the minds of all Canadians, for in that city certain members of the Parliament of Canada have been closeted with leading Statesmen of the United States, discussing the Reciprocity Treaty. What the final result of that meeting may be, is still a matter of uncertainty, though the basis of the treaty has now been made public.

But there are some things that cannot be weighed or measured, or valued in dollars and cents, and, therefore, cannot be made subject to duty, either "specific" or "ad valorem."

Mutual help, interchange of ideas, plans for rendering better service, inspiration, and good fellowship, are always on the "free list."

So, when the teachers of the Dental Colleges of the United States and Canada meet once a year "to trade," there are no embarrassing questions asked at the international line, and every man engaged in the transaction feels richer, because he brings back to his own country all that he took away, and in addition, a great and valuable store of ideas, suggestions and inspiration, gathered from every man who takes part in the meeting. Thank goodness, there is no embargo on these best things of life.

Perhaps the first impression a man gets, as he attends one of these meetings, is "these men are here on important business," for every session is marked by the closest attention; every paper is discussed fully and fearlessly; almost every delegate is in attendance at all of the three sessions held during each of the days of the convention, and almost every face is an index to a life of deep thought and high moral purpose. These men realize fully the responsibility resting upon them.

For the dentists of these two countries may rest fully assured of one thing, viz., that the status of the profession of dentistry depends absolutely on the character of the men who compose the faculties of the various colleges, the ideals which they inculcate, and the standards which they establish.

But they may rest easy, in the assurance that the honor of the profession is in safe keeping, in the hands of such men as G. V. Black, Truman W. Brophy, Geo. B. Snow, James Branstetter Willmott, Harry

Morgan, S. H. Guilford, C. N. Johnson, J. D. Patterson, and a whole host of other men, younger perhaps in years, less renowned perhaps for work accomplished, but fired with the same enthusiasm, and inspired by the same desire to render the highest possible service along the line of their chosen profession.

As the papers are read, as the discussions are carried on, it is quite evident that one thought dominates every mind. It is, "How should this subject be taught; how may it be presented, that our students may derive from every subject on the curriculum the greatest benefit." I would not like to convey the impression that the meeting is one where sombre gravity broods continually, like a gray cloud, shutting out the sunshine. No. No. Most of the members possess the saving sense of humor, and are ready at all times to enjoy everything that's going, from a good story, or a joke on one of the delegates, to the grave, formal and weighty resolutions of a persistent suffragette.

Another impression that early fixes itself in the mind of a delegate, is that each essayist feels that his own particular subject is the most important thing on the curriculum. This, perhaps, is not to be wondered at, and is a good sign, for certainly no teacher will be able to beget, in the student, an enthusiasm more intense than he himself feels.

The exhibit room, where is shown the work done by the students, is always a place of interest, and much valuable information is obtained here, regarding principles and methods of teaching.

And this fact is apparent to every thoughtful teacher who carefully studies the "technic work," viz., that it is valuable or of little worth, just in proportion to the thought and care bestowed upon it by the teacher in charge. One illustration, which appealed very forcibly to the writer, will perhaps suffice to make clear the thought in my mind.

In the crown and bridge department of one of the schools, every student (in the second year) makes, on a metal model (which he makes himself from a master model), six Richmond crowns and one piece of (all gold) bridge work.

Now it is quite evident that a little thought in the preparation of the model would provide for an equal amount of technic, and a very much greater variety of principles.

So it must needs be in every school, and in every department of every school, the thing which the students demand, and which they have a right to expect is the "well beaten oil" of instruction, which can come only from the deep thought and self-sacrificing labor of a teacher, who has "caught a vision" of the greatness of his work, and



the service he can render to a class of students, of every one of whom he would be glad to say to the world, some day, "behold — a man."

From the standpoint of the Canadian dentist, and more especially of a member of the faculty of the Royal College of Dental Surgeons, there is a good deal of satisfaction in knowing that the work of our own college does not suffer by comparison with the very best schools on the continent.

In the department of operative dentistry, Dr. A. E. Webster has succeeded in making for himself an enviable reputation, and is a recognized authority in this all important branch of our work.

In the teaching of "Dental Prosthesis," Dr. W. E. Cummer has few equals, and I am satisfied that in ability, energy and courteous bearing, Dr. Cummer is the peer of any man, engaged in any of our colleges, in teaching this foundation subject.

In the teaching of "Dental Anatomy," Dr. W. H. Doherty is rapidly making a name for himself, and his "pucks" and carved teeth were admired and praised by every one who saw and examined them.

But, perhaps, after all, the greatest good that comes from such gatherings is the moral, social and intellectual uplift which is bound to come, "When good fellows get together."

Sitting one day at luncheon with Dr. Truman W. Brophy, he said to me, "Thornton, I feel good to-day. I have just been writing to my daughter, telling her of the view from my window in the hotel." "The great building nearest to me," he wrote, "is the treasury building, where our national currency is made, the cause of so much happiness and so much misery; beyond that is the White House, where our Presidents have lived and labored for their country; where Lincoln agonized and suffered and prayed, while the nation passed through its Gethsemene; where Grant was called and had placed upon him the responsibility of the army, when more men were dying because of improper sanitary conditions than from the bullets of the enemy, and where Garfield and McKinley lived, who were martyrs for their country's sake. Beyond the White House is the Potomac, and away in the distance the National Burying ground, where so many brave men sleep, who gladly gave up even life itself to preserve the integrity of the nation."

As Dr. Brophy went on in this strain, I gathered that in writing to his daughter he was trying to impress upon her the great truth, that there was a nobility of life possible for all who earnestly tried to render their deeds of service to a needy, suffering world.



It was a great treat to listen to Dr. Brophy as he spoke of the awful sanitary conditions during the Civil War, and the tens of thousands who died of dysentery and typhoid, the result of these conditions. Then, by way of contrast, he spoke of the splendid sanitary conditions of the Japanese camps during the recent war with Russia, and of the saving of life because of scientific sanitation. He grew eloquent as he spoke of the splendor of a life devoted to such work, as the bettering of the sanitary, social, commercial and physical conditions of the common people, while the writer of this article "sat at his feet" grateful for an opportunity of associating with men "who see visions and dream dreams."

A visit to the Congressional Library, erected at a cost of six and a half millions of dollars, made one long for an opportunity to linger and gaze and drink in.

The last afternoon was spent in visiting the medical museum and the "cranial" exhibit in the Smithsonian Institute. They have, I understand, about 22,000 skulls, gathered from every country in the world, and representing every known people. The curator, who has visited every country in the world to procure "specimens," has a wonderful knowledge of his subject, and many a delegate was outspoken in the statement, that the afternoon spent with the curator in the Smithsonian Institute, was one of the richest experiences of their lives.

Only one word in conclusion; no Board of Directors can afford to have the members of their faculty miss the annual meeting of the Institute of Dental Pedagogies.

Toronto, Feb. 4, 1911.

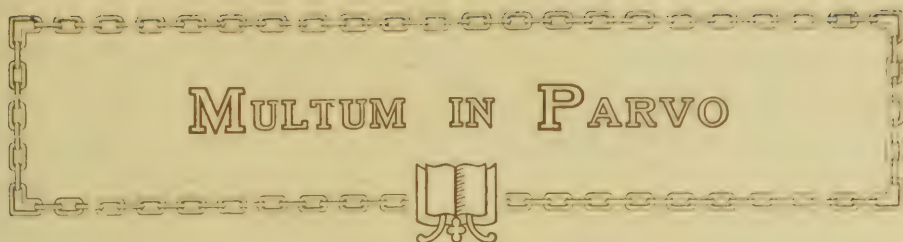
A. W. THORNTON.

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#### THE INTERNATIONAL MILLER MEMORIAL FUND.

BY CANADIAN CHAIRMAN, R. J. READE, M.A., M.D., D.D.S.

**S**INCE the last meeting of the Canadian Dental Association held in Toronto last June the work in connection with the International Miller Memorial Fund has been in active progress. On account of the large territory to cover it has taken a longer time to prepare the preliminary lists for publication than was anticipated. This list will contain the names of all subscribers to the fund. The lists will then be distributed to every dentist, together with an account of the use to which this fund is to be put. The members of the profession will then be given one more opportunity of subscribing to this worthy cause. The final list will then be prepared. The movement has been a great success. Up to date the sum of \$970 has been subscribed. The lists will show how the different localities have responded.



This Department is Edited by C. A. KENNEDY, D.D.S.

Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

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STOPPING PAIN.—In Chicago, at a recent clinic, Dr. Keefe demonstrated that any pain arising from the fifth nerve could be temporarily stopped by making two or three injections of equal parts of water and alcohol into the nostrils by means of a watch-case atomizer. The pain would disappear in from ten to fifteen seconds.—*Dr. W. E. Tennant, Dental Review.*

TREATMENT OF INJURIES OF THE HAND WITH TINCTURE OF IODINE.—Professor Reclu (*Bul. de l'Acad., de Méd.*, March 3, 1910) treats wounds of the hands, whether of severe or slight character, by painting them, as well as the surrounding skin, with tincture of iodine, and then, after evaporation of the alcohol, applying a dry aseptic compress and a layer of cotton and bandage. The dressing is renewed in the evening of the first day, or on the following day, and later at increasing intervals, so that the wound is handled only every three or four days. The iodine application should not be preceded by cleansing, which serves to spread infection and also impairs the effect of the iodine. If the patient's hand has already been washed before the surgeon sees the case, the wound should be thoroughly dried with pledgets of gauze and the iodine then applied. Only freshly prepared tincture of iodine should be employed, at least no older than a week. The result is a rapid cicatrization of the wound, so that the patient is soon enabled to resume work.

TO KEEP THE HANDS SOFT AND WHITE.—To counteract the effects of frequent immersions in antiseptic solutions, the following will be found one of the best of formulas:

R. Ol rosae ..... gtt. xv.  
 Glycerine ..... ̄ j  
 Spts. myreiae ..... ̄ iii.  
 Ol. cojuput ..... gtt. xx.

M.—Apply at night before retiring, first washing the hands thoroughly in hot water. In cold weather apply before going out.—*Journal American Medical Association.*

BRIDGING ANTERIOR TEETH.—I am going to show you a method of bridging anterior teeth without displaying any gold labially, and without destroying pulps of teeth to which bridge is attached. Enough of enamel on lingual surface is removed from two adjoining teeth to allow the use of two plates of gold strong enough to resist attrition, and attach two pins of iridio platinum 20 gauge round wire, parallel holes for which are drilled first with No. 1 and followed by No. 2 burr, without involving the pulp. The pins are threaded with the tap of the Bryant bridge repair outfit to give additional attachment to the cement and to the gold plates to which they are cast. The threaded pins are placed in the position in the mouth, waxed, trimmed to proper articulation, withdrawn, cast, reassembled in the mouth, impression and bite taken, and finished in the usual way.—*J. M. Crosby, Bradford, Pa.*

TO EXTIRPATE PULP TISSUE FROM ROOT CANALS OF ANTERIOR TEETH.—To extirpate pulp tissue from large root canals of the anterior teeth, in cuspids especially, I recommend the use in large roots of two extra fine broaches in one handle, instead of one large broach. The two broaches should be glued into a vulcanite Donaldson handle, making almost one point, or the thick ends of the broaches should be heated in heavy pliers and quickly forced into the back end of the vulcanite handle. The play of the two broaches is effective and eliminates the chance of passing them inadvertently through a large apex of the root. In several instances they have given me gratifying results.—*The Dental Brief.*

PROTECTING GUM WHILE GRINDING ROOT.—When I am grinding an anterior root for a Logan crown, after I reach the gum line I take an orangewood stick and trim it at one end into a flat edge and push the gum away from the root with this stick, so I am able to grind the root a little below the gum without lacerating and mutilating the gum.—*M. H. Diratsouyan.*



# ORAL HEALTH

EDITOR — WALLACE SECCOMBE, D.D.S.

A Monthly Journal devoted to the interests of the Dental Profession, and to the furtherance of the Public Health through the education of the Public in relation to Oral Hygiene. Published in hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

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*Subscriptions and all business communications should be addressed to the Publishers, Oral Health, Lock Box 26, Toronto, Canada.*

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Vol. 1

TORONTO, MARCH, 1911.

No. 3.

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## EDITORIAL.

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### DOMESTIC SCIENCE AND DENTISTRY.

**D**ID you ever consider the close relationship that ought to exist between Household Science and Dentistry?

Dental literature is replete with material showing the importance of supplying the teeth with health-giving exercise through the proper mastication of properly selected and properly prepared food, but little endeavor has been made by the profession to give greater effect to these facts through the teachings of Schools of Domestic Science in regard to food preparation. True, these schools recognize the importance of the proper mastication of food to the general health, as well as to the health of the teeth, but frequently the masticatory demands of the healthy mouth are given a secondary place.

The daily press, as well as women's magazines, devote much space to the subject of cooking, and properly so, but these articles usually describe some "fancy" dish rather than the more needed instruction in plain cooking. These dishes are such as to make advocates of the "simple life" stand aghast. Frequently there is found upon another page of the same issue an article on the importance of mastication and the care of the teeth. All of which seems rather contradictory from the dental standpoint.

The whole subject of the relationship of Domestic Science to Dentistry is of such absorbing interest to the dental profession, and is fraught with such possibilities to the further development of Domestic Science, that "Oral Health" has arranged for an article on the subject by Miss Helen Graham, B.A. This article will appear in the April number and will, no doubt, be greatly appreciated by the profession.

## TORONTO LEADS THE WAY.

**D**ENTAL instruction, as well as dental clinics, are assured in the schools of the city of Toronto. Dr. W. H. Doherty has been appointed by the Board of Education to give half a day of his time during the entire school term to look after this work in the public schools.

If dentists in the cities, towns and smaller places do their duty in this matter "Oral Health" will have the great pleasure of reporting a number of such instances in each succeeding issue. Will you be one of these? Please remember that dental instruction in every school means *your* school. Don't sit down, quietly fold your arms, and say, "That's right." Rather resolve to be one of the links in this great Canadian chain that will bind the provinces together in a grand dental federation for the public good.

Be a good citizen, make a start, and report progress.

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## CONCERTED WORK BY DENTISTRY AND MEDICINE.

**T**HE dental profession will doubtless read with pleasure and much profit the article in this issue by Dr. Charles M. Stewart on "The Relation of Adenoids and Nasal Obstruction to Dentistry." Dr. Stewart is well qualified to deal with this subject, having spent a number of years in the South Hospital, Golden Square, London. Since returning to Canada he has specialized in practice as well as having kept up his hospital work in the Ear, Nose and Throat Department of the Toronto General Hospital.

This field is but one of the many where the medical and dental practitioner meet upon ground of mutual interest, and the best service can only be rendered the public by the two professions working together in unison.

Just as the medical practitioner should discover in his patients the presence of unhealthy mouth conditions and have the dentist correct them, so should the dentist discover in his patients the presence of abnormal nasal conditions and have them corrected by the surgeon.

Unfortunately, both the medical and dental practitioners are careless in these matters. Doubtless there are just as many cases of "undiscovered" Adenoids pass through the dentist's hands as there are cases of disease treated constitutionally by the physician when the direct cause is the lack of oral health.

As the days go by the two professions will certainly work more closely together, and such cases of glaring oversight will be much less frequent than has been the rule in the past.

## INSTRUCTION AND REMINDER CARDS.

HAVE you sent in your request for Instruction and Reminder Cards? Particulars concerning these cards may be found in the last issue of "Oral Health." They contain no indication of by whom they are issued, and thus come as a personal card of instruction from the dentist to his patient.

Every dentist should have a supply of these cards, and through them may disseminate instruction in oral hygiene under the most favorable conditions, namely: direct and personal instruction from the dentist to his patient.

## CORRESPONDENCE.

Lethbridge, Feb. 6, 1911.

*Dr. Wallace Seccombe, Toronto, Ont.:*

DEAR DR. SECCOMBE,—Am pleased with the initial copy of "Oral Health." It should arouse an interest among the profession in the important work it aims to do. You ask for suggestions. These are mine:

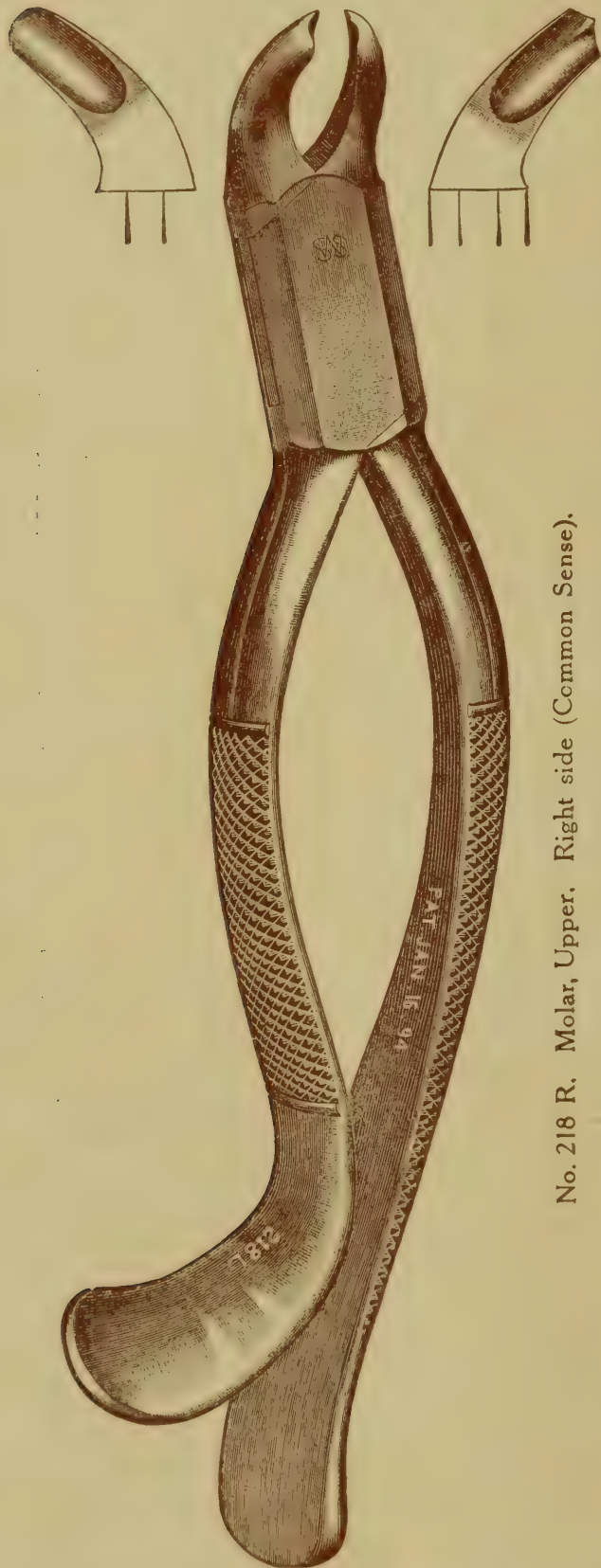
Arrange to have leading physicians and dentists write on the different subjects that would cover the field of oral hygiene. When you or a society had collected enough material, then have it approved by school inspectors and members of Education Boards, and then send it to every home in Canada through the press. I believe the leading papers would print the matter free. They could print a certain amount one week and then tell the people to look for more in another issue. I believe arrangements could be made with the leading papers in Canada to print this dental information free, as it is to the interest of each person. If the writings had the approval of school inspectors and members of Education Boards and the papers carried the light to every home in Canada, they would see it and believe. The papers try to print what the people want. The papers in this town print anything I give them. One week one paper was nearly full. Enclosed find one dollar for "Oral Health."

Yours sincerely,

G. T. IVES.



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***Dr. George K. Thomson***

Halifax, N.S.

Professor of Crown and Bridge, Ceramics and Oral Hygiene,  
Maritime Dental College. Chairman of Committee  
on Public Dental Education in Nova Scotia.



## Spring's Message.

**M**USING I sat in my rocking chair  
On a Sabbath morn in May ;  
As I felt the glow of sunshine,  
My soul took in each ray,  
For the scene spread out before me  
Was a picture of beauty so rare  
That I wondered if angel eyes e'er looked  
On a scene so divinely fair.  
Each bush had donned its fairest dress,  
And the swish of the gentle breeze  
Made a murmur among the blossoms  
That bedecked the apple trees,  
Which seemed to whisper in my ear  
A message that brought release  
From the cruel grind of life's unrest  
To a haven of perfect peace.  
And my senses inhaled a perfume  
That smelled of a seraph's breath,  
And its rare intoxication  
Seemed the antidote to death,  
For the gentle whisper brought the thought  
Of a scene not long ago  
When the trees like stark, gaunt skeletons  
Stood bare 'gainst a bank of snow.  
From that vivid scene of gloom and death  
Hath come this life so grand,  
In its richest hues and fairest forms,  
At the touch of the Master's hand.  
And in me arose a gracious calm  
As I thought of life without end  
When by that power that wrought such change  
My death in His life would blend.  
Beneath the trees the green sward lay  
Patterned with dainty flowers,  
And through the vista by them formed  
The blossoms fell in showers.  
The birds they furnished music  
Most divine with all their might  
As if to voice the rapture  
Of their souls at such fair sight.  
And away off in the distance  
I could hear the church bells ring  
And they called my mind to worship  
In this temple of the King.  
So I raised my soul in gladness  
And my heart breathed out a prayer  
Of thanks that God had furnished  
These sights and sounds so rare.  
  
'Tis well worth while to face the storm  
And the bitter winter weather  
For just one morning such as this  
With God and me together.

JAYENNE.

Toronto, Ontario.

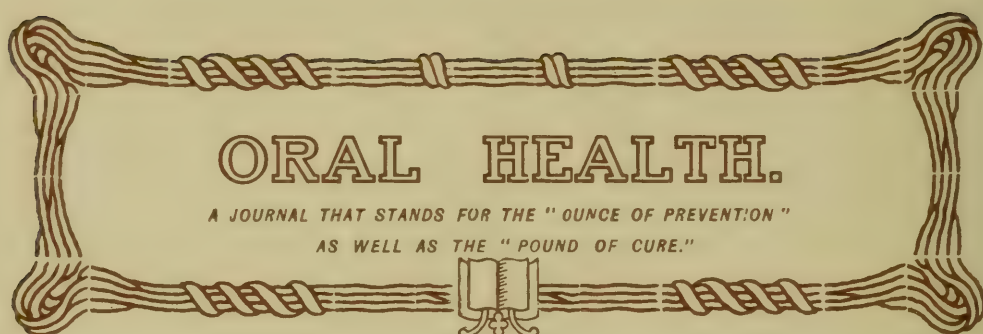


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Vol. 1.

TORONTO, APRIL, 1911.

No. 4

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## PUBLIC DENTAL EDUCATION IN NOVA SCOTIA.

BY GEORGE K. THOMSON, D.D.S., HALIFAX, N.S.

**I**T is now nearly five years since the committee was appointed by the Dental Association with instructions to secure:—

1. An Act providing for the dental examination of the teeth of school children, and the appointment of dentists for that purpose.
2. Revision of school books with regard to Oral Hygiene.
3. Distribution of suitable booklets in public and private schools and militia camps.
4. Special instruction in Oral Hygiene in Normal schools.
5. Special paper on this subject in examinations of applicants for teachers' licenses.
6. Lectures before Teachers' Associations and school children in public and private schools.

It was expected that the work of the committee would meet with some opposition from the school authorities and the public generally, but the contrary proved to be the case, the only objections urged being by parents whose children were receiving proper dental attention not wishing the mouths and teeth of their children examined in the public schools.

## ORAL HEALTH

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Otherwise, every encouragement was received. The Superintendent of Education for the Province and the Supervisor of City Schools, both men of advanced ideas, became immediately interested in the work, and in the autumn of 1896, on their invitation, addresses were delivered before the Provincial Educational Association and Provincial Board of Health, both bodies adopting resolutions endorsing our work.

Following the address at the Educational meeting, a lively discussion of the subject by prominent educationists occurred, resulting in the adoption of a resolution recommending periodical and systematic dental and medical examinations of the children in the public schools.

Up to this time medical inspectors had not been appointed, nor was there any legislation on the statutes authorizing their appointment. In 1907 an amendment to the Educational Act, providing for the appointment of both dental and medical inspectors, was secured. Thus the committee was instrumental in promoting the appointment of medical inspectors and successful in carrying out instruction No. 1.

Instruction No. 2 has not been so easily nor satisfactorily accomplished. Health Readers Nos. 1 and 2 were used in the schools, but not considered up to date, and the matter of revision, or adoption of other books was frequently brought to the attention of the authorities, and when the Ontario text-book, "Hygiene for Young People," was revised, its adoption was recommended in place of Health Readers. Last month, however, the Advisory Board of the Province, unaware of our interviews and suggestions, recommended the adoption of the "Ontario Public School Hygiene" (Knight), which is a great improvement on the Health Readers, but does not contain enough Oral Hygiene.

Instruction No. 3 has been followed, but not to the extent we desired, owing to lack of funds. In Halifax, through the kindness of Supervisor McKay, the public school teachers (180) have all received copies of "The Care of the Teeth," sent us by the C.O.P.A. for distribution, and the Educational Department will supply the teachers throughout the Province.

Last autumn, while attending camp as dental surgeon attached to the Army Medical Corps at Aldershot, the writer took advantage of the opportunity to give the men of the field ambulance lectures on Oral Hygiene, together with copies of pamphlets on the care of the teeth, which were apparently much appreciated.



No effort has been made to carry out instructions Nos. 4 and 5.

With the exception of the above-mentioned addresses and lectures, instruction No. 6 has not been followed, more on account of lack of time than opportunities.

The few men who are interested in this work in Halifax are connected with the Maritime Dental College, in which work a large part of their spare time is spent.

The Supervisor of the City Schools has asked us to name a date for a stereopticon lecture before the school teachers of the city, and an invitation has just been received from the Anti-Tuberculosis League to give them the same kind of lecture at their annual meeting on April 24th, 1911.

Arrangements are being made to comply with both requests, and the prospects are that enough interest may be aroused during this year to result in the establishment of a free dental clinic in Halifax.

We are glad to read of Dr. Doherty's appointment as Inspector in Toronto schools, on an equal plane with the M.D.'s, and hope that Toronto's good example may be followed in other cities. In June the Anti-Tuberculosis League will hold an immense fair in Halifax, and have asked us to send a dental exhibit and deliver short addresses on Mouth Health during the fair. There is therefore no lack of opportunities for public dental education in Nova Scotia, and the extent of the work depends largely on our willingness and ability to take advantage of these opportunities. In 1908 the first systematic examination of the teeth of the school children in Halifax city schools was completed and an official report presented to the Board of School Commissioners recommending lectures to teachers and children, more thorough teaching of Oral Hygiene, revision of school books, etc., and showing the condition of the teeth and mouths of the children. (See *Dom. Dent. Journal*, October, 1908.)

The published report of the Educational work in Nova Scotia shows that we are working along lines suggested by Oral Health.

In the matter of local workers the following appointments were made: Dr. Burchell, North Sydney; Dr. Black, Sydney; Dr. O'Brien, Amherst; Dr. Langille, Truro; Dr. Dimock, Windsor; Dr. Harding, Yarmouth; Dr. Wright, New Glasgow; Dr. Mitchener, Mahone Bay; Dr. Goodwin, Glace Bay; Dr. Roach, Wolfville; Dr. Douglas, Westville and Stellarton; Dr. Harrington, Bridgewater.

If I may presume to make suggestions to members of our profession beginning this work, I would say:

(1) Impress the educational authorities with the importance of the matter, as proved by results of examination and action taken in other countries and the older provinces of Canada. With regard to revision of school books on Hygiene, if you cannot have your provincial books revised, suggest adoption of some good text-book that has been revised, such as the Ontario books on Hygiene. Failing that, see that these books, particularly "Hygiene for Young People," are placed in school libraries, where they will be available for reading books. Our advisory committee has promised to recommend this in the autumn.

(2) Material for lectures in the lantern slides are now easily obtained at a moderate cost. I have just received a list of excellent slides from the Educational Exhibit Co., G. T. Swartz, Jr., Waterman St., Providence, R.I. I have no doubt they can also be obtained in Canada, so that it would not be a very great expense for each provincial or local society to purchase sufficient slides for lecture purposes.

Our committee is considering the purchase of a sufficient number to be used in Halifax and loaned to individual dentists throughout the Province who wish to use them.

(3) From personal experience, I know that army dental surgeons have excellent opportunities in camp for instructing the men and distributing pamphlets.

(4) Read ORAL HEALTH every month. It is chuck full of good ideas and suggestions, and Dr. Secombe is to be congratulated on his successful blazing of an excellent trail in Oral Hygiene.

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### A GOOD SUGGESTION.

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The suggestion has been made that the Hamilton and Toronto dentists get together for a few days' outing during the present summer. Any movement calculated to encourage members of the profession to fraternize more is in the right direction. Dentists usually meet to talk dentistry. Let members of the profession also meet to bowl or to otherwise enjoy a good day's sport together, and they will understand each other better and learn to appreciate one another more.

# THE NEW DENTISTRY ACT.

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BY WALLACE SECCOMBE, D.D.S., TORONTO.

*Chairman of Discipline Committee, R.C.D.S.*

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**I**N the last issue of ORAL HEALTH, an account was given of the drawn-out legal battle occasioned by the questioning of the Ontario Dental Board's Disciplinary powers. Attention was drawn to the several decisions and to their future effect on litigation of this character.

It will be a surprise to most licentiates in Ontario to know that the Ontario Legislature, at its recent session, passed a new Dental Act and incorporated in it the salient points that were covered by the above-mentioned decisions. The Act was introduced through the Statutes Revision Commission, and is much shorter than the old Act and in every way more satisfactory. The effect is to state clearly and explicitly in the new Act what the courts have declared the old Act to contain, and in addition to provide the necessary machinery for giving the disciplinary sections better effect. This machinery embraces a Discipline Committee, power to take evidence under oath, to subpoena witnesses, and order the production of books or other documents.

Under the new Act the public will be more amply protected, and indeed, if henceforth the Ontario public is not entirely protected from the dental shark and charlatan, the Provincial Board will be open to most severe censure.

The fine for practising without a license has been changed from \$20 to not more than \$50 for the first offence, and not more than \$100 for the second offence.

The entire Act is printed herewith, that the profession may fully appreciate what improvement, from the public standpoint, the new Act is over the old, and what new obligations rest upon the profession.

Attention is particularly drawn to Sec. 25, and the addition of the words "or by any other persons," which would seem to cover the non-licentiate who seeks to practise dentistry through a licentiate.



THE DENTISTRY ACT.

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. This Act may be cited as *The Dentistry Act, New*.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO.

2. "The Royal College of Dental Surgeons of Ontario," hereinafter called "the College," is continued, and every person who holds a valid and unforfeited certificate of license to practise dentistry granted to him by such College shall be a member of the corporation. R.S.O. 1897, c. 178, s. 1.

3. (1) The College may purchase, take and possess for the purposes of the College, but for no other purpose, and after acquiring the same, may sell, mortgage, lease or dispose of any real estate. *New*.

- (2) Such real estate shall not be sold, mortgaged, leased, or disposed of, except with the consent of the Board of Directors, given at a meeting duly called for that purpose.

- (3) Notice of such meeting shall be given to every member of the Board, by letter mailed to his last registered address, seven days before the day appointed for such meeting, stating the object thereof. R.S.O. 1897, c. 178, s. 2 (2).

BOARD OF DIRECTORS.

4. (1) There shall be a Board of Directors of the College, hereinafter called "the Board."

- (2) The Board shall consist of eight members, all of whom shall be members of the College, and they shall hold office for two years, and any four of them shall form a quorum.

- (3) One member shall be elected for each electoral district mentioned in Schedule "A" by the members of the College resident in such district.

- (4) No person shall be qualified to be elected as a member for an electoral district unless he is a resident in it and is not a member of the faculty of the School of Dentistry.

- (5) One member shall be elected by and from the faculty of the School of Dentistry.

- (6) When a vacancy occurs in the representation of the faculty such a vacancy shall be filled by the faculty. R.S.O. 1897, c. 178, s. 3.

5. The Province of Ontario shall, for the purposes of this Act, be divided into seven electoral districts described in Schedule "A," R.S.O. 1897, c. 178, s. 4.

6. (1) An election of the Board shall be held on the second Wednesday of December in every second year, reckoning from the year 1910; and the present Board shall hold office until the first meeting of the new Board.

(2) No person shall be qualified to vote at such election if he is in arrear in respect of any fees payable by him.

(3) The votes at such election shall be given by closed voting papers, Form 1, which shall be delivered, or, if sent by mail, shall be received, at the office of the Secretary of the College not earlier than the third Wednesday in November and not later than the second Wednesday in December in the year in which the election takes place.

(4) The manner of holding such election with respect to notification of the electors of the time and place of holding the election, the nomination of candidates, the presiding officer thereat, the taking and counting of the votes, the giving of a casting vote in case of an equality of votes, and other necessary details shall be determined by by-law of the Board, and in default of such by-law, may be prescribed by the Lieutenant-Governor in Council. R.S.O. 1897, c. 178, s. 5.

7. Any member of the Board may at any time resign by notice in writing to the Secretary, and in the event of such resignation, or of a vacancy occurring by death or otherwise, the remaining members of the Board shall, from the members of the College resident in the electoral district in which the vacancy occurs, elect some fit and proper person to fill the vacancy for the remainder of the term. R.S.O. 1897, c. 178, s. 6.

8. (1) Every newly elected Board shall hold its first meeting in the City of Toronto, on the first Monday in May or at such other time as may be fixed by the retiring Board, and the members of the Board shall hold office until the first meeting of their successors.

(2) Other meetings shall be held at such time and place as the Board appoints.

(3) Special meetings shall be called by the President on the request in writing of four members of the Board. R.S.O. 1897, c. 178, s. 7.

(4) All meetings shall continue from day to day until the business is finished; but no meeting shall continue for more than one week. R.S.O. 1897, c. 178, s. 20 (2), *part*.

#### OFFICERS OF THE BOARD.

9. (1) Every Board shall at its first meeting elect a President, a Vice-President and a Registrar, and shall appoint a Treasurer and a Secretary, and such other officers as the Board considers necessary.

(2) The Treasurer and the Secretary shall receive such remuneration for their services as the Board may fix.

(3) The Board shall, if the President and Vice-President are absent, elect one of its members to preside at its meeting, who, while so presiding shall have the same powers, and exercise the same functions as the President. R.S.O. 1897, c. 178, s. 8.

10. There shall be paid to each member of the Board such fees for attendances, as shall be fixed by law, not exceeding \$20 per day, and such reasonable travelling expenses as may be allowed by the Board. R.S.O. 1897, c. 178, s. 9.

11. All moneys under the control of the Board shall be paid to the Treasurer, and shall be applied for the purpose of the College. R.S.O. 1897, c. 178, s. 10.

#### SCHOOL OF DENTISTRY.

12. The School of Dentistry in the City of Toronto established by the Board is hereby continued. R.S.O. 1897, c. 178, s. 11.

13. (1) The Board may appoint one or more examiners for the matriculation or preliminary examination of all students entering the profession, or may accept in lieu of such matriculation or preliminary examination evidence that a student has passed any other satisfactory examination.

(2) Such examination shall be passed prior to entering into articles with a licentiate of Dental Surgery. R.S.O. 1897, c. 178, s. 12.

14. (1) The Board may prescribe a curriculum of studies to be pursued by students, and fix and determine the period for which every student shall be articulated and employed under a duly licensed practitioner, the examination necessary to be passed and the fees to be paid to the Treasurer before a certificate of license to practise Dental Surgery is issued.

(2) The Board may prescribe the conditions upon which dentists residing elsewhere than in Ontario, and students and graduates from



other dental colleges may be admitted to membership in the College. R.S.O. 1897, c. 178, s. 13.

15. The College may, subject to the approval of the Lieutenant-Governor in Council, make arrangements with any university or college in Ontario for the attendance of students of the School of Dentistry at such lectures or classes in such university or college as may come within the course or subjects of instruction prescribed by the by-laws of the College, and may, subject to such approval, agree with any such university or college, for the use of any library, museum or property belonging to, or under the control of, such university or college, and may affiliate with any such university or college, and may enter into all arrangements necessary to that end upon such terms as may be agreed upon. R.S.O. 1897, c. 178, s. 14.

16. The Board may by by-law provide that any licentiate in dentistry, being a member of the College of not less than five years' standing, shall receive the title of "Master of Dental Surgery," upon passing such examination and complying with such regulations as the Board may prescribe. R.S.O. 1897, c. 178, s. 16.

#### BY-LAWS OF THE BOARD.

17. (1) The Board shall make such by-laws as it may deem necessary for the proper and better guidance, government, discipline and regulation of the Board, the College, the members of the College and the profession of Dental Surgery and the carrying out of the provisions of this Act, and such by-laws shall be published for two consecutive weeks in the *Ontario Gazette*, and shall not take effect until so published.

(2) Such by-laws or any of them may be annulled by the Lieutenant-Governor in Council. R.S.O. 1897, c. 178, s. 17. *Amended.*

#### CERTIFICATES OF LICENSE.

18. (1) All persons being British subjects by birth or naturalization, who were engaged on the 4th day of March, 1868, in the practice of the profession of dentistry, or, who, not having been residents of Ontario, had then had three years' experience in the practice of dentistry, shall be entitled to the certificate of "Licentiate of Dental Surgery," upon furnishing to the Board satisfactory proof of their having been so engaged, or having had such experience, passing the required examination and paying the prescribed fees.

(2) All persons being British subjects by birth or naturalization, who were continuously engaged for five years and upwards in estab-

lished office practice, next preceeding the 4th day of March, 1868, in the practice of the profession of dentistry in Ontario shall, upon satisfactory proof thereof, and upon payment of the prescribed fees, be entitled to such certificate without passing any examination. R.S.O. 1897, c. 178, s. 18.

19. (1) The Board once at least in every year, shall cause to be held at a time fixed by the Board, an examination of the candidates for certificates and such titles as the Board has authority to grant.

(2) At every such examination the candidates shall be examined orally or in writing or otherwise, by examiners to be appointed for that purpose by the Board, in such subjects as the Board shall prescribe.

(3) The examiners shall receive such remuneration as may be fixed by the Board.

(4) Each examiner shall, if required, subscribe and take the following declaration:

"I solemnly declare that I will perform my duty of Examiner without fear, favor, affection or partiality towards any candidate, and that I will not knowingly allow to any candidate any advantage which is not equally allowed to all."

R.S.O. 1897, c. 178, c. 19.

20. (1) If the Board is satisfied by the examination that the candidate is duly qualified to practise the profession of Dental Surgery, and that he is a person of integrity and good moral character, it shall, subject to the by-laws, grant him a certificate of license and the title of "Licentiate of Dental Surgery," which certificate and title shall entitle him to all the rights and privileges conferred by this Act. R.S.O. 1897, c. 178, s. 21.

(2) The Board shall hold at least one meeting in each year in the City of Toronto, for the purpose of granting such certificates and titles and for the transaction of such other business as may properly come before it. R.S.O. 1897, c. 178, s. 20 (1), *part*.

21. Every certificate of license shall be sealed with the corporate seal of the College and signed by the President and Secretary of the Board; and the production of such certificate of license shall be *prima facie* evidence in all courts and upon all proceedings, of its execution and contents. R.S.O. 1897, c. 178, s. 22.

22. The Secretary of the Board shall, on or before the 15th day of January in each year, transmit to the Provincial Secretary a certi-



fied list of the names of all persons to whom certificate of license have been granted during the year ending on the next preceding 31st day of December. R.S.O. 1897, c. 178, s. 23.

23. Every person desirous of being examined touching his qualifications for the practice of the profession of Dental Surgery shall, at least one month before such examination, pay to the Treasurer the prescribed fees, and deliver to the Secretary the Treasurer's receipt for the same, together with satisfactory evidence of his service under articles and compliance with the rules and regulations prescribed by the Board, and of his integrity and good morals. R.S.O. 1897, c. 178, s. 24.

#### ANNUAL FEES.

24. (1) Every member of the College engaged in the practice of Dental Surgery in Ontario shall, on or before the first day of November in each year, pay to the Treasurer or to a person deputed by him to receive the same, such annual fee, not less than \$1 and not more than \$3, as may be prescribed by by-law of the Board, towards the general expenses of the College, and such fee shall be recoverable by suit in the name of the Royal College of Dental Surgeons of Ontario in the Division Court of the division in which the member in default resides.

(2) For any services rendered in the practice of Dental Surgery while he is in default in respect of any annual fee a member shall not be entitled to recover in any court. R.S.O. 1897, c. 178, s. 25 (1).

#### PENALTY FOR PRACTISING WITHOUT A LICENSE.

25. (1) No person who is not a member of the College shall by himself or by any other person practise the profession of Dental Surgery, or perform any dental operation upon, or prescribe any dental treatment for any person, for hire, gain or hope of reward, whether by way of fees, salary, rent, percentage of receipts or in any other form, or shall pretend to hold, or take or use any name, title, addition or description implying that he holds a certificate of license to practise Dental Surgery, or that he is a member of the College, or shall falsely represent, or use any title representing that he is a graduate of any Dental College.

(2) Every person who contravenes any of the provisions of this section shall, for the first offence, incur a penalty not exceeding \$50, and for every subsequent offence a penalty not exceeding \$100, and he shall not be entitled to sue or recover in any Court for any services



which he performed, or materials which he provided, in the ordinary and customary work of a dental surgeon.

(3) This section shall not prevent any duly articulated student of Dental Surgery from receiving instruction in clinics and practice under the personal supervision of a member of the College. R.S.O. 1897, c. 178, ss| 26 and 32. *Amended.*

(4) The penalties shall be recoverable under *The Ontario Summary Convictions Act*, and shall be paid over by the convicting justice to the Treasurer of the College. R.S.O. 1897, c. 178, s. 27.

26. In any prosecution under section 25, the burden of proof of qualification shall be upon the defendant. R.S.O. 1897, c. 187, s. 31, *amended.*

#### SUSPENSION OR CANCELLATION OF CERTIFICATE.

27. (1) The Board may suspend or cancel the certificate of license of a member of the College who has been heretofore or shall hereafter be convicted in Canada or elsewhere of an indictable offence if his conviction remains unreversed, or who has been or shall be guilty of any infamous, disgraceful or improper conduct in a professional respect; but this power shall not be exercised if the conviction is for a political offence committed out of His Majesty's Dominions, or for an offence which, though indictable, ought not, either from its nature or from the circumstances under which it was committed, to disqualify the person convicted from practising dentistry.

(2) Where a member has been guilty of infamous, disgraceful or improper conduct in a professional respect, the power conferred by subsection 1 may be exercised, notwithstanding that he has been acquitted of a criminal charge in respect of the same matter.

(3) The Board may of its own motion, and upon the application of any four members of the College, shall cause inquiry to be made into any case in which it is alleged that a member of the College has become liable to the suspension or cancellation of his certificate of license for any of the causes mentioned in subsection 1.

(4) The Board shall appoint and shall always maintain a Committee of its own body for the purpose of ascertaining the facts of each case which may become the subject of inquiry.

5. The Committee shall consist of such number of members, not less than three or more than five, as the Board may prescribe, three of whom shall be a quorum.

(6) The Board may pass by-laws for determining the tenure of

office of the members of the Committee and for the regulation and conduct of its proceedings.

(7) Subject to the provisions of this section and of the by-laws of the Board, the Committee may regulate the time and place for holding, the manner of the convening and giving notice, and the conduct of its meetings.

(8) If a vacancy occurs in the membership of the Committee the remaining members may appoint a member of the Board to fill the vacancy, and the member appointed shall hold office until the next meeting of the Board.

(9) Notwithstanding any vacancy in the Committee, so long as there are at least three members thereof, it shall be competent for the Committee to exercise all or any of its powers.

(10) The Committee may employ, at the expense of the Board, for the purposes of any inquiry, such legal or other assistance as the Committee may deem necessary.

(11) The member whose conduct is the subject of inquiry shall have the right to be represented by counsel.

(12) All meetings of the Committee for taking evidence or otherwise ascertaining the facts shall be held within the county or district in which the member whose conduct is the subject of inquiry resides.

(13) At least fourteen days' notice of the meeting of the Committee for taking the evidence or otherwise ascertaining the facts shall be given to the member whose conduct is the subject of inquiry.

(14) The notice shall contain a statement of the matter which is to form the subject of the inquiry.

(15) The testimony of the witnesses shall be taken under oath, which the Chairman or any member of the Committee may administer, and there shall be full right to cross-examine all witnesses called and to adduce evidence in defence and in reply.

(16) If the person whose conduct is the subject of the inquiry though duly notified does not attend, the Committee may proceed in his absence, and he shall not be entitled to notice of the future meetings or proceedings of the Committee.

(17) The Committee and any party to the proceedings may obtain on *præcipe* from the High Court a subpoena for the attendance of witnesses and the production of books, documents and things, and

disobedience thereof shall be deemed a contempt of Court.

(18) Witnesses shall be entitled to the like allowances as witnesses attending upon the trial of an action in the High Court.

(19) The Committee shall report to the Board the evidence adduced and the Committee's findings thereon.

(20) The Board may act upon the report of the Committee and may make such order thereon as the Board may deem just.

(21) Where the complaint is found to be frivolous or vexatious, the Board may pay such costs as to it may seem just to a member whose conduct has been the subject of inquiry.

(22) Where the Board directs the certificate of license of a member to be suspended or cancelled, it may direct that the costs of and incidental to the inquiry be paid by such member, and after taxation of such costs by one of the taxing officers of Toronto, execution may issue out of the High Court for the recovery thereof in like manner as upon a judgment in an action in that Court. *New.*

28. No action shall be brought against the Board or the Committee or any member thereof for anything done in good faith under this Act on account of any want of form or irregularity in their proceedings, but a member whose certificate of license has been suspended or cancelled may at any time within six months from the date of the decision of the Board appeal from the decision of the Board to a Divisional Court of the High Court. *New.*

29. The practice and procedure upon and in relation to an appeal shall be similar to that provided by *The County Courts Act* as to appeals from the County Court, except that the appeal shall be set down for argument at the first sittings of a Divisional Court which commences after the expiration of six months from the date of the decision complained of, and except that the proceedings and evidence shall be certified by the Registrar to the High Court. *New.*

30. The Board may direct the restoration of the certificate of license of any member whose certificate has been cancelled under the powers conferred by this Act, upon such terms and conditions as the Board may deem just. *New.*

31. Nothing in this Act shall affect or interfere with the rights and privileges conferred upon legally qualified practitioners by *The Ontario Medical Act.*, R.S.O. 1897, c. 178, s. 33.

32. Chapter 178 of the Revised Statutes of Ontario, 1897, is repealed.



# DENTISTRY AND HOUSEHOLD SCIENCE.

BY MISS HELEN GRAHAM, B.A., TORONTO.

THE subject of household science is every day being considered of greater importance in the complete education of the girls of our time—and rightly so, for its direct influence upon the home makes it of compelling interest to educationalists, as well as all those interested in good citizenship.

Unfortunately one of its most fundamental relations, viz., its relation to the teeth, is being either entirely neglected or passed over so hurriedly that it assumes a position of minor importance. Few, if any, of the teachers of household science realize what a close connection there is between the two subjects and how much the study of one can aid the other.

Domestic science speaks emphatically and impressively of the need of properly cooking the food as an aid to digestion; it goes minutely into all the processes of digestion to show the reasons for the thorough cooking of food and why certain particular methods are employed; it also impresses upon the mind of the pupil the necessity for thorough mastication of food *on account of its aid in digestion*. The influence of mastication upon the teeth themselves is entirely neglected. Likewise saliva is given importance as a digester of starch and as an aid to the moistening and swallowing of food, but its *influence upon the teeth* is quite overlooked.

“Imperfect mastication of food!” How often these words are used as a warning to persons suffering from indigestion, and yet how seldom are they spoken to those whose teeth are decaying rapidly or possibly all on one side of the mouth?

Unfortunately modern methods of food preparation tend more and more to give the teeth little work to do. These methods have been gradually introduced and unconsciously household science has overlooked the effect of food preparation on the health of the teeth, in the desire to make the food attractive, palatable and easy to digest. The great tendency is toward the preparation of fancy dishes or made-up dishes of various kinds in which the food is cut or chopped fine and cooked in such a way as to make it *soft to the teeth*. Such a tendency will become a great menace to the people if more solid food is neglected. We may well ask, What will become of our teeth if their work is taken away from them?

It is well known that the more attractive a dish is the more it stimulates the appetite and the digestive juices, and thus it is much more likely to be well digested. Thus an important feature in the teaching of cooking is to make food attractive to the eye as well as to the palate. The difficulty is that the need of the teeth for exercise has been overlooked, and in the days to come food properly prepared will have to measure up to the ideal of being attractive, palatable, digestible and substantial enough and of such a consistency that it will admit of thorough mastication.

In the serving of food the baneful habit of serving together hot coffee and ice cream cannot be censured too highly, and is but one of the many ways in which the teaching of household science may be of inestimable service to the public.

## THE DENTIST'S HEALTH.

### EXERCISE—ITS VALUE.

BY J. HOWARD CROCKER, BRANTFORD, ONT.

*"He who has good health is young, whatever his age may be."*

#### WHY.

Because among the professions you constantly see bodies that are not capable servants of their owners. They cannot do half the work they ought to do. There is no real joy or pride in work. Men in the professions are going down before the stress of competition. The higher the tension, the finer the class of work, the greater the demand; the higher the ambition and ideals, the more need of the body being in perfect tune to do the will of the mind.

Fatigue strikes hard and demands a severe price.

It lowers all the faculties of the body. When a man is exhausted he finds it difficult to be patient. His self-control is at a low ebb.

Important questions cannot be decided accurately.

And yet men continue days and weeks and months without sufficient rest to make them capable of their best. Rest does not necessarily mean sitting in a chair—for the active man in 99 per cent. of cases it means a change.

The dentist's health is one of his most valued possessions. It is a large factor in the success of his practice—in fact it is the first essential and one of his greatest assets.

Mr. J. Howard Crocker, who has had a wide experience in athletics and gymnasium work, and who was sent to England in charge of the Canadian Marathon team, is particularly well fitted to write upon this subject.

—EDITOR.

Man has a good deal of the play instinct, and overwrought nerves is a cry for mercy from the muscular systems, asking that they get an opportunity to give expression to an inborn desire.

WHEN.

Exercise should be taken every day, but certainly not less than two or three times a week. Twenty minutes each day is better than two hours all in one day. A little exercise just before the morning bath, taken before an open window, if the weather permits, will be found very helpful if we can be systematic enough and persist in taking the time and the work. About the best time physiologically is between 4 and 6 in the afternoon, leaving time to be well rested before the evening meal.

WHERE.

Out-of-doors, in the sunshine if possible. If season demands exercise taken indoors, see that the room is well ventilated. Plan to take your exercise accompanied by some friends—make it a social occasion. It will not have its true value unless there is some real fun derived from a little competition. Every man ought to discover the special conditions of his own best work and try to make such conditions for himself.

How.

Let all your exercise have in it the element of play. How much exercise is it worth while for a man to take, if he wants to keep on the top level of efficiency?

Enough exercise to keep the muscles of the body firm is what we must aim at.

Exercise that hits the mark is the kind that a man likes for its own sake—with something of the play spirit in it. All men love a good game. A brisk horse-back ride is a wonderful stimulant, the joy of being in the open air and sunshine, controlling a good horse, makes a condition that will give nervous men a well-earned rest.

Tennis and all other games hard and fast in character are dangerous for nervous, overworked people. Take the quieter pursuits, hill climbing, rowing, paddling, tramping, golf, etc. Men nearing 40 years should take exercise without the element of fatigue—work longer and more slowly.

Value of heat-producing material, percentage of waste, etc., is one of the greatest studies of power to-day. Nutrition should be the great study of men.

How to get the best so that we may realize the greatest results will be found to begin largely with our eating. More than half our ills and most of the pains people have are related first or last to disturbances of nutrition.



# SOCIETY ANNOUNCEMENTS.

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## TORONTO DENTAL SOCIETY.

Officers for 1911-12:

President—Dr. A. D. A. Mason.

1st Vice-President—Dr. C. A. Kennedy.

2nd Vice-President—Dr. W. E. Willmott.

Secretary-Treasurer—To be elected.

Treasurer—Dr. E. F. Arnold.

Auditors—Drs. A. A. Stewart and F. N. Badgley.

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ONTARIO DENTAL SOCIETY, MAY 31ST, JUNE 1ST, 2ND, 1911.

It will be of very great interest to every dentist to attend the Convention this year because of the important points in dentistry under discussion. Every man will be amply repaid for the time and money he spends.

There will, among other things, be a very interesting report from the Educational Committee of the Society showing the results of the year's work in educational matters. A resume of the work carried on by the Miller Memorial Fund Committee will also be presented.

A paper will be given by Dr. Hordlicha, of Washington, D.C., Curator of the U. S. National Museum, on "The Dentition and Teeth from a Racial Standpoint." Dr. Hordlicha will have many skulls with him to demonstrate his lecture.

Dr. S. L. Fossum, New York, will read a paper on "Crown and Bridge Work," which will interest all. Dr. Fossum has many new ideas along this line, many of which he has himself worked out.

Dr. Hill, Alliston, will give a very helpful paper on "Practical Matters in Orthodontia, Short of the Ideal." This ought to interest all in general practice, as Dr. Hill has given a good deal of time to this class of work. The discussion will be opened by Dr. Juvet, Ottawa, followed by the members of the profession.

The Committee has arranged for several short talks on popular subjects, such as Incipient Abscess, Facial Neuralgia, How to Bleach a Tooth, How to Treat Erosion or Abrasion on the Labial Surfaces of Incisors, How to Treat Fractured Roots.

It is of importance that every man in the profession should attend this Convention, and we trust that every dentist will avail himself of the opportunity. Mark the dates on your appointment book "NOW," and arrange to be present on May 31st, June 1st and 2nd, 1911.

JOHN A. BOTHWELL,  
Secretary Programme Committee.

## BOOK REVIEWS.

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*Oral Sepsis as a Cause of Disease.* With illustrative cases. By WILLIAM HUNTER, M.D., F.R.C.P., Senior Assistant Physician, the London Fever Hospital; Physician to the Electrical Department, Joint Lecturer on Practical Medicine and Pathological Curator, late Pathologist, Charing Cross Hospital. Publishers: Cassell & Co., Limited, London, Paris, New York, and Melbourne.

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The author of this little work, although writing as early as 1901, is fully seized with the close relationship existing between an unsanitary mouth and a diseased body.

Dr. Hunter has but one object in the publication of this short treatise, viz., to impress particularly on the medical and dental professions the strategic position held by the oral cavity in relation to the health of the whole body. His presentation of this matter has been well supported by illustrations taken from his own practice.

The author enumerates a number of diseases, such as tonsillitis, pharyngitis, glandular enlargements, septic gastritis, toxic neuritis, and other septic conditions which he has from personal observation traced to a septic condition of the mouth and teeth.

Dr. Hunter is to be congratulated on being one of the early pioneers in the great campaign now being waged for a clean mouth.

As a medical man the author makes an urgent request to the members of his own profession that they give more earnest heed to the condition of their patients' mouths, more especially in the case of one who is about to undergo an important operation.

The dental profession is under a debt of gratitude to Dr. Hunter for his valuable support in this important matter. His work adds another link to the chain ever binding more closely the work of the dental and medical practitioner.

As a dentist practising in the year 1911 you should have this little book added to your library.

R. G. M.

---

"There is a marvelous power inside of you which, if you could discover and use, would make of you everything you ever dreamed or imagined you could become."



This Department is Edited by C. A. KENNEDY, D.D.S.  
Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

THE SUBJECT OF SYPHILIS is one that is of interest to both medical and dental practitioners alike, for during the course of syphilis, at some time or another, it is almost certain to manifest itself by symptoms in the oral cavity. Indeed, the symptoms as they appear in the mouth may be the first for which the person affected seeks relief or advice, either from his physician or dentist, and a certain degree of familiarity with the clinical appearances of the disease, as it presents itself in the oral cavity at least, should be the possession of every dentist. I trust the time is not far distant when every course in dental surgery will include an exposition of the subject of syphilis in its relation to dentistry.—O. H. Forester, Milwaukee, Wis.

MAKE YOUR OWN INLAY INVESTMENT.—An excellent investment material is made by one part plaster paris, one part fine powdered sillex, one part hard coal ashes. The sillex should be very fine, and the hard coal ashes should be sifted very fine. Select ashes that are free from imburst particles of coal. Measure by bulk. A good way to mix this is by putting in a stiff paper bag, and shake it like you would a mixture in a bottle. I have used every investment that I have heard of, but find this the best in every respect.—W. F. Reber, *Dominion Dental Journal*.

HYDROGEN PEROXIDE: PRECAUTION.—Hydrogen peroxide is a very far-reaching agent, carrying destruction to the media in which bacteria are growing, yet it is very harmful in the presence of granulations. A sinus which would naturally heal very quickly as soon as granulations are well formed may be kept open for months by the improper use of this most valuable agent.—R. T. Morris, *Dental Cosmos*.



**HYDROGEN DIOXID.**—A great many cases of necrosis of the thin margins of the alveolar process are brought about by the injudicious use of hydrogen dioxid. The preparations have to be preserved at all temperatures about 60° with acids, and its injudicious use will result in a great deal of destruction.—A. W. Harlan, *Dental Cosmos*.

**COCAIN ANTIDOTE.**—Oppose the only unpleasant feature about cocain—the contraction of the blood-vessels. If you will exhibit with it, say, one-fiftieth of a grain of glonoin, which you can get in hypodermic tablet triturates, you will have no bad results unless the patient absorbs at least a grain or so of cocain.—R. H. Dawbarn, *Dental Cosmos*.

**ADJUSTING THE RUBBER DAM.**—If the gums are washed with oil of cloves immediately before adjusting the rubber dam, the pain incident to the application of clamps or ligatures is very greatly minimized.—E. K. Wedelsteadt.

**FOR ASCERTAINING ACCUSTOMED SURFACE IN MASTICATION.**—When it is desired to ascertain the favorite or accustomed surface the patient utilizes in mastication, especially with fibrous food, take a ball of cotton the size of the thumb, roll it tightly, and ask him to chew it as he would a piece of meat. He will immediately and unconsciously diagnose for you.—W—, *Dental Digest*.

**THUMB-SUCKING, TO PREVENT.**—Take a good quality hollow rubber ball about three inches in diameter, cut in a circular hole large enough to admit the baby's hand, and place it over the hand. The ball should be well perforated for ventilation and lightness. It can be kept clean and does not interfere with the child's activity.—W. A. Jacquette, *Phila., Pa., Dental Brief*.

**CLEANING CEMENT SLAB.**—The finest way I know of cleaning cement slabs is by washing same with a piece of ordinary scourine soap, such as Sapolio and the many others on the market. Simply moisten the slab and the soap and rub, and immediately all the cement particles, whether hard or soft, will become loosened, and when the slab is wiped it is thoroughly clean.—F. R. Felcher.

**TO OBTAIN SMOOTH, DENSE SURFACE ON CASTS.**—To prepare the impression for pouring a model of model-plaster, first give the impression a thin coating of shellac varnish. Allow to dry for about thirty minutes, then give the impression a thin coat of sandarac varnish. Allow this to harden for about twenty minutes, after which place the impression in water to become saturated before pouring the model.—T. L. Olds, *Dental Summary*.

# ORAL HEALTH

EDITOR — WALLACE SECCOMBE, D.D.S.

A Monthly Journal devoted to the interests of the Dental Profession, and to the furtherance of Public Health through the education of the Public in relation to Oral Hygiene. Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

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Vol. 1

TORONTO, APRIL, 1911.

No. 4.

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## EDITORIAL

### ABOUT THE SUBJECT OF THIS MONTH'S FRONTISPIECE.

**I**N the Canadian dental world, the provinces "down by the sea" have the reputation of producing excellent dentists and mighty good citizens. Count over the Eastern stalwarts; then number the list of Maritime dentists, and an average will be struck that is at once an example and an inspiration to the dental profession.

George Kerr Thomson, of Halifax, N.S., is one of the aforesaid stalwarts, and one that more than "measures up." He was born in New Brunswick in 1870, his early attentions being directed to pharmacy, in which he graduated at the age of eighteen. He engaged in the drug business for upwards of eight years, during which period he devoted himself to the study of dentistry, and graduated from the Philadelphia Dental College. Dr. Thomson has practised in Annapolis, Yarmouth, and latterly in Halifax. Not only is Dr. Thomson one of the pioneers in the dental educational campaign in Canada, but he has given valuable service to the profession through his active co-operation in the work of the Nova Scotia, Maritime, and Canadian Dental Associations, the Dominion Dental Council and also the N. S. Dental Board, he being Secretary-Registrar of the latter body.

Life is short, but men of the George Thomson sort seem to be able to crowd in a heap of good active service.

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### A MUNICIPAL DENTAL CLINIC IN TORONTO.

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**I**N the larger centres of population systematic dental examination and instruction are sure to be followed by the establishment of public dental hospitals to care for those children whose parents or guardians cannot afford to pay for regular dental service.



The Toronto Board of Education has taken the ground that it is the duty of an Education Board to provide for the scholars instruction in good health, and by periodical examination of the child and its surroundings, to protect it from disease and unsanitary or other adverse conditions that would retard its mental or physical development. Thus the Board recognizes its obligation to *discover* these conditions, and then in the case of the poor child asks the municipality to provide for their *treatment*.

In the matter of dental disease, the lack of hospital accommodation makes the treatment of these cases quite a difficult problem. The question was discussed at a meeting held for the purpose in the City Hall on the evening of Monday, April 10th, 1911. Representatives were present from the following organizations: Children's Aid Society, the Local Council of Women, Associated Charities, Board of Education, Separate School Board, Dental Societies, Western Hospital, and City Council.

After thorough discussion a committee was appointed for the purpose of securing funds by private subscription for the equipment of a central civic clinic, and it was decided to then go to the City Council and ask the municipality to provide annually for its proper maintenance.

Such a clinic, if depending entirely upon voluntary service by dentists, would rest upon a most inequitable and unstable basis. The arrangement of sharing the cost as suggested would place the clinic upon a fairer and much more lasting foundation.

The amount to be raised by the committee is \$3,000, and, judging from the enthusiasm displayed by those present there is little doubt of the successful consummation of the scheme.

#### MR. HENRY BOWS TO THE INEVITABLE

**M**R. HENRY, proprietor of the Toronto Painless Dental Parlors, Toronto, has at last bowed to the inevitable and sold out his practice—or, rather, his business.

This information was volunteered upon his being "invited" to the Police Court to answer a charge of practising dentistry by virtue of his proprietorship.

Assurance was given by Henry's solicitors that the former had "sold out," that the sale was a *bona fide* one, and that Henry was entirely free from any connection with the office. It was stated that the purchasers were Drs. Little, Gordon and Bushnell.

Thus the dental profession has fought and won a battle which has established the principle that a non-licentiate cannot operate a dental office. As Mr. Henry steps out we are constrained to remark,

"Parting is such sweet sorrow."



## PUBLISHERS PAGE.

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**O**N of the Editor's good friends, realizing that it takes time to edit and money to publish a magazine, remarked: "If there is anything I can do, let me know." The reply was, "Thanks. Patronize ORAL HEALTH advertisers." That was a very practical answer, because there is no denying the fact that the advertiser pays the printer's bill.

Come to think of it, the press and the modern merchant have grown absolutely indispensable to one another. They have grown up together in a spirit of joint helpfulness, the one fully dependent upon the other. Commerce has been made the servant of knowledge. Think of the tremendous influence of the daily press, and remember it is the advertiser who has made it possible. Buy a "daily" and the small cost does not even pay for the paper upon which it is printed. Thus modern commercial methods have been made to serve literature, to disseminate knowledge, and to collect and publish the daily news.

"ORAL HEALTH" is no exception. The advertiser has undoubtedly made the publication of the journal possible. The merchant, as such, is not entirely a philanthropist, but a business man, and naturally expects "results." He wants to feel sure that his monthly message is read by the members of the profession.

If you appreciate the work of "ORAL HEALTH" and desire to help in an exceedingly practical way, patronize our advertisers, and mention the magazine when you write. Read the advertisers' pages every month. They will prove most interesting as well as educative.

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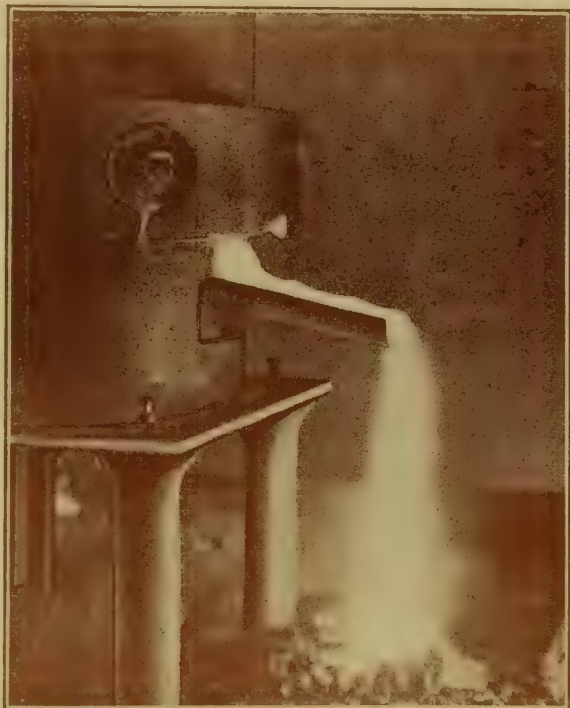
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*J. B. Willmott, M.D.S., D.D.S.*

Toronto

Secretary, Board of Directors, Royal College of Dental Surgeons,  
and Dean of the Faculty of the School of Dentistry.

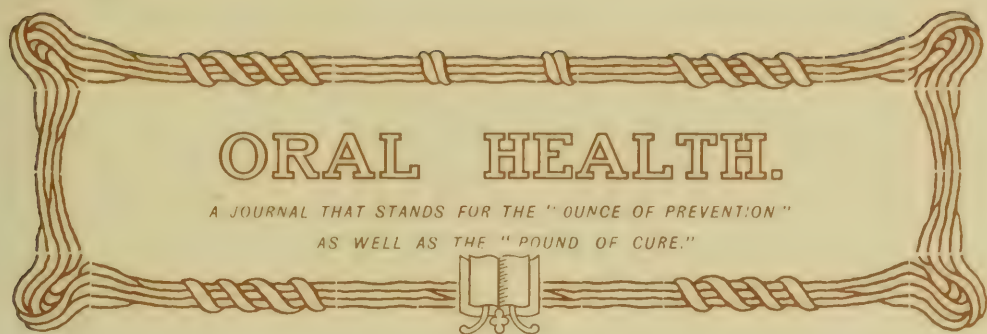


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Vol. 1.

TORONTO, MAY, 1911.

No. 5

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## THE RECENT MEETING OF THE ONTARIO DENTAL BOARD.

**T**HE Board of Directors elected last fall by the profession in Ontario met in the College Building, Toronto, on Monday, 1st May, 1911. The meeting lasted until the following Friday. In addition to its duties as an examining body, much of the Board's effort is directed to the affairs of the School of Dentistry. The Dental School is owned by the profession in Ontario and controlled through the Board.

The first duty of the new Board was to organize for business. The following are the members and officers elected:

President—Dr. W. J. Bruce, Kincardine.

Vice-President—Dr. John Robertson, Ottawa.

Secretary—Dr. J. B. Willmott, Toronto.

Treasurer—Dr. Wallace Seccombe, Toronto.

Registrar—Dr. Donald Clark, Hamilton.

Dr. H. R. Abbott, London; Dr. A. M. Clark, Woodstock.

### CONVOCATION.

The results of the annual examinations were considered by the Board and the following men awarded a license to practise dentistry in the Province of Ontario:

Banford, H. C., Burgess, R. M., McKay, H. B., Merkeley, H. J., Robertson, R. E., Smith, C. J.

Armstrong, M. T., Ault, J. W., Brett, A. J. W., Cunningham, W., Downing, F. L., Eaman, W. R., Eaton, C. L., Lackner W. S., McDonald, W. H., Madill, W. S., Moffatt, L. A., Mustard, H. A., Patterson, R. A., Powers, W. P., Ross, G. H., Schnur, F. L., Schwartz, M., Spratt, O. C., Wilson, H. A., Wilson, J. O., Wright, C. E.

Aldersen, S. G., Bass, F. L., Carroll, J. L. (acg.), Duffin, H. C., Gilroy, W. H., Higley, E. A.,\* Katz, M. (Prac. Op., Pros. Sec. History and Jurisprudence), Koepfel, L. A., La Flamme, W. J., Macdougall, L. R., Nicholson, C., Phillips, A. M., Rudell, M. J., Sangster, F. N., Simmons, H. A., Stone, R. E. (acg.), Taylor, D. E., Wagg, A. B., Wright, J. E.

Certificates of license, as well as the University of Toronto degree of Doctor of Dental Surgery were awarded at a special convocation in Convocation Hall on the evening of Friday, 5th May, 1911.

#### SCHOOL CALENDAR.

The Calendar of the School of Dentistry, session 1911-12, was fixed as follows:

- 21st September, 1911—Supplemental examinations.
- 26th, 27th, 28th September, 1911—Registration of students.
- 28th September, 1911—Regular work of the session begins at 8.30 a.m.
- 2nd October, 1911—Registration closed.
- Christmas vacation to be fixed in accordance with University vacation dates.
- 18th April, 1912—Lectures close.
- 22nd April, 1912—Annual examinations commence.
- 29th April, 1912—Meeting of Board of Directors.
- 3rd May, 1912—Commencement.

#### PROMPT REGISTRATION.

To insure prompt registration of students, both at the opening of the session and following the Christmas vacation, it was decided:

- 1st. That the fees be \$130 per session, but there be a rebate of \$5 to those students who register upon the days allotted.
- 2nd. That part of the written mid-term examinations be held immediately before the Christmas vacation and part immediately after.

#### APPROPRIATIONS.

Appropriations were made as follows:

To further equip the College Infirmary .....	\$1,000.00
For Experimental Room equipment .....	500.00
Donation to Canadian Miller Memorial Fund.....	100.00
Donation to Ontario Educational Committee.....	100.00

Provision was also made for annual grant to physical director for college gymnasium.



## SUMMER SESSION FOR STUDENTS.

The arrangements for the Summer Session of the Infirmary, as reported by the Representative of the Board in the College, were confirmed, the Board fixing the number of hours each student must attend in order that the session be accepted in lieu of indentureship with a practitioner.

## PRACTITIONERS' COURSE.

It was decided to hold a ten days' practitioners' post-graduate course at the College the latter part of August and first week of September, 1911. The dates were fixed to harmonize with the Canadian National Exhibition, so that single fare rates would prevail from every part of Canada and the United States. The fee is to be \$20, but the course will be entirely free to members of the Royal College of Dental Surgeons in good standing and whose annual fees are paid.

The course will be a practical laboratory course and will embrace all the later methods of practice. A certificate will be issued to those who regularly attend the sessions.

The following Committee of Management was appointed to carry out all details: Dr. Wallace Seccombe (Chairman), Dr. W. E. Willmott (Secretary), Dr. A. E. Webster, Dr. A. W. Thornton, Dr. W. E. Cummer.

## NEW ACT AND BY-LAWS.

Much of the Board's time was spent in making the College by-laws conform to the new Act. It was decided to issue to each licentiate in Ontario an official copy of the new Dentistry Act and the amended by-laws of the College.

## CENTRALIZATION OF PROSECUTIONS.

In view of the new Act it was decided to centralize all prosecutions in the Province in the Discipline Committee. This, it was hoped, would make for more uniform and more satisfactory results.

---

Last year correspondence passed between the Buffalo Dental Society and the Toronto Dental Society in regard to holding a joint picnic at Niagara-on-the-Lake.

The season being too far advanced, nothing was accomplished, but this year the Toronto Society received an invitation to join with the Buffalo Dental Society and enjoy the pleasures of a real picnic. Baseball, football, running and sports generally, will be participated in. Dinner will be served at the Queen's Royal Hotel, where special arrangements may be made for the ladies of the party.

The date fixed for the Union has been June 24th, leaving Toronto at 11 a.m. by the Niagara Navigation Steamer.

Occasions of this kind present themselves so seldom that it is to be hoped that a large number will avail themselves of the opportunity of attending this first annual joint field day and picnic.

# ANNUAL CONVENTION DENTAL

## ASSOCIATION OF WESTERN CANADA.

---

**O**N the morning of Monday, April 24th, in the Somerset Building in Winnipeg, Man., the rap of a gavel was heard, and simultaneously was inaugurated the Annual Convention of the Dental Association of Western Canada. One hundred members journeyed from as far west as the Rocky Mountains, and easterly from Western Ontario, and, under weather conditions of clear sky, bright sunshine and elevated temperature, reminiscent of August in Toronto, was instantly developed an atmosphere peculiarly Western and peculiar to men in dentistry who love their profession and one another, viz.: choicest good-fellowship, boundless hospitality and human kindness, and a persistent and earnest search for the truth in dentistry.

As the meeting proceeded one phase impressed itself strongly on the mind of the observer wise in the ways of dental conventions: the working out of the programme of various items to schedule time which would have done credit to a railroad rather than to a dental organization: the proportioning of the various items on the programme to suit the needs of the time and place, and countless other details all suggestive of one thought, a thought not always made prominent in a dental convention: the perfect organization under the President and executive: the evolution of the programme and the working out and adjusting of the numberless details incident to this, as all workers on any executive committee know, work done in hours snatched from busy practices, and finally the culmination in a successful meeting benefitting the dentists themselves, and ultimately, through them, humanity in general.

Dr. M. H. Garvin, of Winnipeg, the presiding officer, delivered the opening address. Dr. Garvin dwelt on the growth of the Society, and said that it had the possibility of becoming the inspiring centre of dental life throughout the western world. He explained the great opportunities open to the dental profession for the enlightenment of the public concerning the importance of hygiene and prophylactic treatment as preventive of disease. He expressed a hope that something might be done at the convention toward appointing a committee to undertake some original research work and make report at the meeting in 1912.

Dr. Garvin spoke of the importance and advantage of the convention and requested all dentists to make an effort to attend. He dwelt on the value of progress in dentistry and the necessity of forging ahead in the work. He also mentioned the interest of Western Canada dentists in the Miller Memorial Fund.

An excellent paper on "The Personality of the Dentist," read by Dr. O'Neil, of Fort William, was highly appreciated. Dr. O'Neil treated the subject in a masterly manner and held the undivided attention of the convention. He dwelt on the importance of cleanliness of dentists and dental offices. He also brought out the advantage of optimism and gentlemanly manners. He explained how it is possible to gain the goodwill of patients by carefulness and kindness.

Secretary Bowles read his report, and Auditor Bush presented a statement showing the finances of the Society to be in good condition.

The guests of the Association were Dr. Thos. B. Hartzell, Professor of Dental Pathology in the Dental Department of the University of Minnesota, Drs. A. E. Webster and W. E. Cummer, Professors of Operative and Prosthetic Dentistry, respectively, in the Royal College of Dental Surgeons of Ontario. Dr. Hartzell's addresses were divided under five headings: Pyorrhea Alveolaris, High Pressure Anesthesia, a Root Canal Amputation, Nitrous Oxide and Oxygen, and Treatment of Pathological Pulp Conditions. Under the heading of Pyorrhea, in addition to brief statements concerning the etiology, etc., Dr. Hartzell described at length his method of planing the pitted layer of the cementum, and showed a set of instruments remarkably adapted for this purpose, with flat, concave and convex blades for corresponding surfaces, with a very accurate jig upon which each of these can be sharpened to any cutting angle with utmost precision. Under the heading of High Pressure Anesthesia Dr. Hartzell outlined his method of use of the Myer high pressure syringe, advising the interposition of at least 1-16 of an inch of dentine between the syringe point and the pulp; and under the heading of Root Amputation showed the instruments which he used, and outlined the indications, technique, and after-treatment of that class of operation. Dr. Hartzell's treatment of the subjects, Nitrous Oxide and Oxide and Treatment of Pathological Conditions of the Pulp were most comprehensive in scope. An interesting discussion followed, opened by Dr. Callum, Calgary. Dr. Hartzell's clinics (chair) were High Pressure Anesthesia and an exposition of his system in pyorrhea treatment.

Dr. A. E. Webster's paper dealt with the "Selection of a Root Canal Filling Material, a subject which was handled in his usual comprehensive manner, and consists of a resumé of the characteristics



of the various root canal fillings and the various pathological conditions to which each was more particularly adapted. An animated discussion followed, opened by Dr. H. A. Croll, Souris, Man.

A particularly interesting feature of the convention was a public lecture, delivered in the Y. M. C. A. Hall by Dr. Webster, along educational lines. The lecture was largely attended, and the greatest interest was made manifest, and it is likely that Winnipeg will be a centre for similar educational work. The chair was filled by the Medical Health Officer for Manitoba. Dr. Webster's clinic dealt with the subject of Price's Artificial Stone and the simplified and improved cavity preparation and superior results obtained with the system, and was observed with the greatest interest.

Dr. Cummer spoke on the subject of "Some Neglected Features of Dental Prosthesis" and on "Conveniences in a Dental Laboratory." Under the first heading the subject was discussed under the sub-headings of Examination of the Case, Selection of Impression Material, Correct Formation of Model, Compensation for Hard and Soft Areas, Control of Plaster, etc., and concluding with an exposition of the theory and practice of constructing artificial dentures on modern anatomical lines. An interesting discussion followed, which was opened in an able manner by Dr. W. F. Taylor, of Winnipeg. Dr. Cummer also spoke on the subject of Dental Laboratories, offering suggestions as to the control, of light, ventilation, arrangement, etc., and showing a number of labor-saving appliances, and later demonstrated the casting of full aluminum bases for artificial dentures with steam pressure, as well as a number of details on anatomical articulation, referred to in his previous paper. A feature which excited a good deal of interest was an exhibit of models, arranged in order upon wooden trays, showing each step of about twenty of the technique operations carried on in the prosthetic department of the Royal College Dental Surgeons.

During the convention an informal luncheon was given at the Winnipeg Grange, and the chief item for discussion was the organization of a Dental Department of the University of Manitoba. A very pronounced feeling was in evidence that very soon in the West there would not be sufficient dentists to cope with the situation, and, judging from the true Western enthusiasm displayed there, the probability is that an efficient dental department will soon be in existence in Winnipeg.

As usual, the clinics attracted a great deal of attention, and the committee in charge were successful in organizing a most interesting and instructive list as follows (in addition to those mentioned above):

CHAIR CLINICS.

Dr. A. E. St. John, Winnipeg—Root Canal Filling.

Dr. A. J. Snidal, Winnipeg—Gold Inlays.

Dr. A. J. Courtice, Winnipeg—Extraction Under Somnoform.

Dr. L. R. Cole, Winnipeg—Porcelain Inlay.

Dr. D. M. Mitchell, Fort William—Use of Van Wyck Obtunder.

Dr. J. H. Riggle, Outlook, Sask.—Inserting Cement Filling with the Use of a Matrix.

Dr. A. F. Dyer, Indian Head, Sask.—Gold Foil Filling.

Dr. F. C. Harwood, Moose Jaw, Sask.—Use of Posts in Gold and Ascher's Enamel Fillings. Use of Dentinol and Pyorrhocide in Pyorrhea.

Dr. W. W. Irwin, Moose Jaw, Sask.—Use of Schoenbeck's Silicate Cement.

TABLE CLINICS.

Dr. W. W. Wright, Winnipeg—Demonstration of Typodond. Sharpe's Seamless Crown Apparatus.

Dr. G. J. Clint, Winnipeg—A Simple Way of Using "Roache Attachments."

Dr. Manly Bowles, Winnipeg—Orthodontia Consultation.

F. W. Hamilton, Winnipeg—Repair of Bridge with Steele Facing.

Dr. D. M. Mitchell, Fort William—Simple Method of Overcoming Expansion in Casting Inlays.

Dr. J. R. Duff, Portage la Prairie—The Use of Silk Ligatures in Orthodontia.

Dr. J. O'Neill, Fort William—Combination Gold and Silicate Cement Inlay.

Dr. H. Weagant, Portage la Prairie—Swaging Metal Plates.

Dr. E. Day Washington, Wolseley, Sask.—Seamless Crowns.

Dr. E. Cox, Moose Jaw, Sask.—Gold Crown and Carving Cusps.

Dr. G. F. Bush, Winnipeg—A Non-Slipping Engine Belt That Will Last. A Simple, Effective Crown Remover.

Following a reception and theatre party for the ladies at the Walker Theatre, the members and guests of the Society held their annual banquet at the Royal Alexandra Hotel. There everything passed off in first-class style, the dinner being excellent, the speakers all in fine form, and the entertainers in a good mood.

The first toast, "Our Profession," was proposed by Dr. Hackett, and was responded to by Dr. Mitchell. The proposer of "Our Guests" was Dr. Bowles, and it was replied to by Drs. Hartzel, Webster and Cummer. "The Sister Professions" was proposed by Dr.

Cowan, and Dr. Pepham responded. Drs. Reid and Moran handled the toast to the ladies in a manner that showed that they were not altogether unfamiliar with the fair sex.

During the course of the evening songs were rendered by A. Norman Douglas, Dr. Harwood and Dr. Jackson.

Following is the list of officers elected: President, Dr. M. H. Garvin (re-elected); First Vice-President, Dr. Manley Bowles; Secretary-Treasurer, Dr. J. H. Greenfield; Provincial Vice-President, Dr. O'Neil, Fort William; Dr. Callum, Calgary; Dr. Harwood, Moose Jaw; Programme Committee, Dr. J. E. Ross (Chairman), Dr. K. C. Campbell, Dr. H. F. Christie, Dr. J. F. Taylor, Jr., and Dr. W. W. Wright, all of Winnipeg; Provincial Committees—Ontario, Dr. D. M. Mitchell, Fort William, and Dr. Ramore, Fort William; Saskatchewan, Dr. W. D. Cowan, Regina, and Dr. G. L. Came, Swift Current; Alberta, Dr. E. M. Doyle, Calgary, and Dr. G. W. Brebber, Calgary. The Vice-Presidents of the respective Provinces will act as chairmen of the committees.

W. E. C.

## THE RELATION OF THE ANATOMY OF THE TEETH AND SURROUNDING PARTS TO ORAL HYGIENE.

*An Abridgement of one of the Theses Written by the Freshmen of the Royal College of Dental Surgeons as Part of the Prescribed Work in Dental Anatomy*

**T**HERE are several anatomical factors which, in the light of our present knowledge, seem to influence the formation of dental caries. One of the most important of these is the form of the tooth itself. The principal effect of a narrow neck mesio-distally is to secure a good contact point, and when this is the case food cannot crowd into the septal space and lodge there, force the gum away and cause caries. A normal arch measured 127 mms. through the contact point, while measurement of the same arch at the cervical line showed only 89 mms. of actual tooth tissue. This difference of nearly an inch and three-quarters is accounted for by the septal spaces.

The effect of a narrow neck bucco-lingually is very apparent to the operator. A space is found just at the gingival margin of the



tooth where food may lodge and produce caries. This is the cause of so many gingival cavities on the buccal surfaces of the bicuspid and molars. This is a difficult region to reach properly with the tooth-brush, as the brush makes a little jump from the gum to the middle third of the tooth, skipping the gingival third. The effect of grooves that pass over on to the mesial and distal surfaces is to form small pockets for the lodgment of food particles and for the protection of bacteria. If the decay is not checked in time the contact point is destroyed and also that between other teeth. This latter is caused by the tendency of the teeth to move towards each other until they are equally spaced. The shape and size of the cusps and sulci also bear a relation to the formation of caries. With long cusps and deep sulci there is a close occlusion, but a poor articulation. Consequently, in chewing the movement approaches a scissors bite, and thus food is simply crushed into the sulci and remains there. With short cusps and shallow sulci the occlusal surfaces are cleaned and polished automatically at every meal by the friction of the masticatory movements.

Defects in the enamel are among the most common causes of caries. A defect is a fault in the enamel due to a lack of coalescence on the part of the islands of calcification. There are many places in a denture where defects are commonly found, but they may be summarized by mentioning the pits on the lingual surfaces of the upper incisors and cuspids and the fossae and developmental grooves on the bicuspid and molars. It will frequently be found that, in children especially, decay recurs with discouraging frequency, and both patient and operator may become disheartened. It will be noted probably that this decay starts in deep pits and in fissures, and that when all these are cut out and filled the patient may have a period of immunity, until some other predisposing cause of caries appears. The dentist should watch carefully all pits and fissures in mouths of this nature, and have the patient report regularly for examination.

The influence of the arrangement of the teeth in the arch is very great. The arrangement of the human teeth is superior to that of any other animal, both as regards the esthetic and the utilitarian. It is a perfect apparatus for masticating the type of food which we use; and as an ornament to the face there is not the equal of a good colored, even and well-matched set of teeth. One of the chief requisites of a good arrangement is a correct contact point. The perfect contact is illustrated by placing two spheres together and is found to be at a point. A bad contact is one where two broad, flat surfaces come together, and this is one of the most serious faults to be met with in a denture. It is often desirable to know the size of the contact,

and this may be determined by passing a ligature through the interproximal space between the gum septum and the contact point. Then, keeping the ends parallel, draw them to the occlusal, and the width of the contact bucco-lingually will be seen. If the ends are then drawn to the buccal or lingual the morso-gingival width of the contact will be seen.

Among the most common faults of otherwise good dentures are misplaced teeth. In cases such as lapped laterals there is a broad, flat contact, and plaques are given a chance to form on two surfaces at once. When a tooth is out of alignment, unless the patient is very careful, it is not kept clean, and the proximating teeth are also somewhat dirty. A misplaced tooth causes poor articulation and the occlusal surfaces are not kept clean.

“A clean tooth never decays.” Cleanliness of the denture was intended to be natural, but in these days of soft and sticky foods it is safer to rely on the aid of the dentist and the tooth-brush as well as on the natural aids. Among nature’s provisions for the cleanliness of the denture is the septal space. Under normal conditions this is filled with healthy gum tissue, and under this teeth will not decay. This gum keeps out food particles which would otherwise tend to lodge between the teeth. When a tooth is extracted the septal spaces of several teeth are injured owing to the tendency of the teeth to tip towards each other. When food particles do lodge in the septal space the gum is irritated and recedes slightly, the recession becomes gradually worse, and food particles lodge in the space more easily than before. Putrefactive fermentation takes place, and thus pyorrhea is begun, and so the process continues until the pyorrhea is treated or the tooth lost. This will show the necessity of keeping the septal space normal and full of healthy gum tissue. When inserting a proximal filling the operator should be particularly careful not to leave a shelf at the gingival margin, as this is sufficient to start recession of the gum.

The contact point, which serves so many purposes, also helps to keep the denture clean. When there is a good contact food will not crowd between the teeth, while a bad contact will hold food against the two teeth, and thus caries is begun in the two at once.

The embrasures are an important aid in keeping the posterior teeth clean. When food is crushed down between the upper and lower teeth it slides out to buccal and to lingual (through the embrasures), and thus these parts of the proximal surfaces of the teeth tend to keep clean. The cheeks, lips and tongue are the chief instru-

ments in keeping the corresponding surfaces of the teeth clean; for in talking, smiling, swallowing—in fact almost every emotion, causes some movement of the face—these organs are made to rub against the teeth, thus keeping them clean automatically. From the location of the ejaculatory ducts of the salivary glands, it will be seen that the flow of saliva will wash food products away from the buccal surfaces of the upper molars and the lingual of the lower incisors, although at the same time these surfaces are the locations of salivary calculus if there is any predisposition in that direction. There are very few dentures, however, kept clean automatically, and most require prophylactic treatment regularly.

In abnormal teeth caries is usually produced at an early age. One of the most common of these abnormalities is a deep pitting of the enamel. This is said to be due to a lack of nutrition or an exanthematous disease during the period of tooth development. These pits provide good lodging places for bacteria, and teeth of this type usually decay early. Sometimes, instead of being pitted, the tooth is partially or entirely bare of enamel; and in cases of this type the tooth is readily attacked by bacteria. Again teeth such as those described by Mr. Hutchinson as having a relation to congenital syphilis are attacked by caries more readily than others. Abnormalities of form may be only a large number of cusps and sulci, but even these teeth usually decay rapidly. I have an upper third molar before me very large and strong, but the occlusal surface is very much wrinkled and three of the grooves are badly decayed.

A correct and complete knowledge of dental anatomy is a most necessary part of the dentist's equipment. This is even more necessary to the dental surgeon than a knowledge of general anatomy to the general surgeon. The general surgeon is only required to remove parts of the body, and very seldom attempts a restoration, whereas the dental surgeon not only removes diseased tissue but also makes an artificial restoration of these tissues. That these artificial restorations do not themselves produce pathological conditions requires that they be placed with the greatest skill and with as perfect knowledge of the natural conditions.

The ideal operation is one that makes a complete and natural restoration of normal conditions. A restoration which does not restore conditions to as nearly normal as possible may do infinitely more harm than good. The operator should always aim to perform the most perfect operation possible, for thus only can he live up to the ethical standard of his chosen profession. To do this the most essential requirement is a thorough knowledge of dental anatomy.



# THE DENTIST'S HEALTH.

BY J. HOWARD CROCKER.

## SECOND ARTICLE.

**I**N the last issue the Why, When, Where and How of Exercise was discussed. Its value must be clearly recognized at the very outset.

“Exercise makes the body a better piece of machinery with which to work.”

The result of exercise is not to merely develop a better trained body, but also a better trained mind. Thus will it act as a compelling force to the dental surgeon in his rendering a more efficient service to his patient. He will think more clearly and act with a steadier hand and nerve. Regular daily exercise, avoiding excess, will add years of useful service to a life that would otherwise be handicapped by ill-health and inertia.

“He who has good health is young, whatever his age may be.”

“Nature always goes for a long life and good health, if we obey her laws.”

It is exceedingly difficult to set down in a few words a set of rules that may be followed by those who desire development. However, to conscientiously and regularly perform the following rules will assuredly raise a man's estimate of himself, give him physical and mental poise, and make him a more useful member of society.

1. See that the body is in a sound and healthy condition.
2. Live on a wholesome, nourishing diet and do not overeat.
3. Give the system a sufficient amount of rest in sleep at regular hours. Eight hours is usually sufficient.
4. Take exercise. Muscles grow in strength and size by using. Begin moderately, never overdo.
5. Develop all the parts symmetrically. Each will help the other. Stop exercise before feeling tired.
6. Use plenty of patience and perseverance. You can't change your form in a day.
7. Avoid all stimulants. There is nothing in them that builds up muscular tissue.
8. Bathe sufficiently after muscular exercise to remove perspiration. Take short, cool baths.
9. Do not overheat; it only clogs the system.
10. Be pure in imagination, body, and practice.

Bernarr Macfadden has said: "Many men who fully realize the value of regular exercise are deterred because of their surroundings or occupations. When one is busily engaged the greater part of every day in the pursuit of one's bread and butter or is travelling back and forth to the scene of one's daily labor, there remains but little time to attend to the body's physical needs. None the less it is men of this very type who most of all need the relaxing and tonic influences which attend exercises properly performed."

Exercise should be taken *every day*.

Of all exercise there is none more natural, pleasant or health-giving than that of walking. Walk to the office in the morning, being careful to take long, full breaths. If your residence and office are in the same building take your morning walk just the same, because under such circumstances it is even more important. Health is one of our greatest assets. Many a man entirely overlooks this fact. But a dentist, of all men, should never make this mistake.

In the next article a few Instructions for Home Dumb-Bell Drill will be given.

## ADDRESS TO WINNIPEG TEACHERS.

**D**R. ELGIN MAWHINNEY, of Chicago, recently lectured before a large number of school teachers and students of the Winnipeg Normal School. The speaker commenced by outlining the physiological principles governing a normal digestion of food, saying that the latter commenced in the mouth. Without proper digestion there would be no assimilation of nourishment, and without proper mastication there could be no proper digestion, and mastication in turn could not be accomplished without proper teeth. It was a waste of good food to eat with bad teeth in the mouth. He said that there had been during the last few years great advancement made with regard to the care of the teeth, and school authorities were waking up to the fact that the education of the child could not be accomplished properly when the teeth were defective. In many of the cities of the United States the mouth of the child was being examined with the same care as his general physical and mental health. One gentleman in the city of Boston had given \$2,000,000 to be used in the preservation of the teeth of children in that city.

In the cities of Europe and Japan it had been found that less than 8 per cent. of the children possessed a normal set of teeth, while there had been 8,000 men refused entry into the United States army last year on account of defective teeth. In the cities of Sweden there had been found that less than 2 per cent. had a normal set of teeth. Referring to the possibility of the teeth of children being so taken care of that they would have a perfect set of teeth as long as they lived, Dr. Mawhinney stated that he would guarantee a perfect masticating apparatus for anyone if he had the care of the child's teeth from 18 months until he was 16 years of age, and he pointed out that this fact was of great importance to school teachers.

#### MANY DISEASES RESULT.

Continuing, Dr. Mawhinney said that many of the so-called children's diseases were caused by decayed teeth, which carried all kinds of disease germs in them. Children with good teeth were always better students than others; much of the ordinary sicknesses which kept children from school were caused by bad teeth. Scarcely had there been known a case of bad teeth where the mouth of the owner was not a hot-bed of micro-organisms. Decayed teeth was the result of uncleanness, and caries of the teeth was invariably traced to this cause and a general neglect of the mouth.

#### A TOOTH-BRUSH DRILL IN SCHOOL.

In Chicago the school children went through a regular teeth-cleaning drill every morning, the teacher showing them how to clean the teeth properly by standing in front of them and cleaning her own. A clean mouth meant a healthier community and a stronger race. In addition to the poisoning of the whole system by the discharge of germ-laden pus from the teeth in a foul mouth, much harm had been also done by jagged teeth, which often caused cancer, and eventually death. General Grant had died in that way. Children should be kept clean internally as well as externally. Dr. Mawhinney then appealed to the teachers to take advantage of the opportunity they had of helping in the building up of a strong and healthy nation. In conclusion he expressed great pleasure at having the opportunity of addressing them and hoped that he had been able to stimulate them to the proper care of the teeth.

Dr. C. W. McIntyre proposed the vote of thanks to Dr. Mawhinney.

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The result of the election for the office of Secretary of the Toronto Dental Society resulted in Dr. G. W. Grieve being elected. All communications for the Society should be addressed to No. 2 Bloor Street East.



# MODERN CROWN AND BRIDGE WORK.

By A. W. THORNTON, D.D.S., TORONTO.

**I**N professional, as well as in commercial life, it is well sometimes to take stock to find out just "where we are at." This is especially true at the present time in dentistry, because of the wonderful strides that have been made in the past twenty years, and because of a tendency, on the part of some, perhaps of many, to adopt a new thing simply because it is new, and to discard an old thing simply because it is old. Never, perhaps, so much as at the present time, was it necessary to emphasize the Scriptural injunction, "Prove all things, hold fast that which is good," and the fact that "The truth shall make you free." But again, perhaps, the question might be asked by some curious one, "What is truth?" For answer I would reply, "Truth is that which will stand the test of experiment."

It is well to bear this thought constantly in mind, as it may serve to keep some persons who possess a certain amount of present-day knowledge from becoming unduly inflated. Present-day methods of crown and bridge work are the result of an experimental epoch, extending over the past twenty-five or thirty years. It is true that many of these experiments have been lamentable failures. It could not have been otherwise. How would it be possible to guard against a failure, until the failure occurred, and its cause was studied? Material had, of necessity, to be tested; instruments and appliances to be devised and made perfect, and methods of technic to be worked out.

We stand to-day on the shoulders of the men of the past, and if we know more than they did it is simply because we have profited by their experiments and know absolutely that some of the methods made use of in the early days of crown and bridge work must inevitably end in failure. In our present knowledge we have nothing whereof to boast: it is a legacy from the men who have toiled faithfully, and in some cases failed.

I know that at the present time there is a tendency, on the part of some, to criticize severely all that has been done, all that has been taught, and all that has been written, on this subject. But there is a homely old proverb which says, "A critic should be above criticism," and the saying is peculiarly applicable to present-day writers in certain dental journals.

Wherein did the failures chiefly occur in the past, and what changes have been brought about as a result of these failures?

The early practice of banding all roots was the cause of many failures and cruel disappointments. The irritation caused by ill-fitting bands, with its consequent inflammation and absorption of both soft tissue and alveolar process, was an experience that perhaps could not have been avoided, but we have learned the lesson, and if we fail now at that point we "Sin against light and knowledge."

Open-faced crowns, as anterior abutments, were very generally used, and their use was followed by the most dire results. Every thoughtful man, with any experience, to-day knows that as a rule of practice the use of open-faced crowns is most reprehensible. The use of jacket crowns, as they were made twenty years ago, where heavy platinum bands entirely surrounded the cervical portion of the natural organ, and the cervical portion of the porcelain facing, always protruded labially, was not only unsightly, but was, as well, a constant menace to the health of the surrounding tissue. But they were the forerunners of the beautiful and natural restorations which it is possible to make at the present time.

"Teeth without plates" was a seductive phrase to dentists as well as to a gullible public, and many extensive bridges were attached to abutments, all too few in number. When to this was added the failure to recognize the individual movements of all the teeth in the area, it is not to be wondered at, if fourteen tooth bridges, supported by three or four lame teeth, were a disappointment to both dentist and patient.

The unsightly display of gold which characterized much of the early bridgework would not now be tolerated, nor is it at all necessary with present-day methods of procedure. The sacrifice of vital teeth, especially of cuspids or incisors, to permit of Richmond crowns being used as abutments for bridges is now a thing of the past, a consummation for which we are devoutly thankful.

The latest innovation has been the use of cast inlays for abutments. In many cases the intermediate part of the bridge has been cast also. Disappointment and failure have followed both procedures in many cases, and we are now recognizing the fact that an inlay, if used as an abutment, must cover a large surface, be securely seated on a broad, flat base and be mechanically retained, at least in one direction; while the intermediate part of the bridge, if made by the casting process, must possess a very considerable bulk of gold to withstand the stress that will be put upon it.

Enough perhaps has been said to indicate the failures of the past and their causes, and we may now turn to a consideration of the tried, proven and safe methods of practice now observed by thoughtful

and conservative operators. It may now be accepted, almost as axiomatic, that banded crowns "have been weighed in the balance and found wanting." This is not due to the fact that the use of a band is wrong in principle, but the difficulty of making proper preparation of the incisal end of a root is so trying to both operator and patient that it is seldom accomplished, and a simple cope, covering the end of the root, or a cope and half band, is now looked upon as the safer method of practice. While isolated cases may be cited to show that open-faced crowns have done good service for years, no writer or teacher of experience would dream of advocating their use as a permanent operation, and opinion is almost unanimous that nothing has produced so many lamentable failures, or has done so much to discredit bridgework as the use of open-faced crowns.

The most beautiful restorations, natural in appearance, are now possible without the use of a platinum jacket.

The use of a ready-to-wear, pinless porcelain crown attached to a cast gold base, has brought within easy reach of every average operator the most perfect restoration that has ever been attempted. It would seem, indeed, as if we might write over such an operation "Ne plus ultra," nothing beyond. When we think of the advantages of such an operation it is hard for us to think of any desirable feature that may not be obtained by this method. We may obtain any desired shade of tooth, and the shade is not interfered with by the presence of a metallic backing, nor by contact with excessive heat, either in soldering or in the application of additional porcelain. Continuity between root and crown may be easily and perfectly obtained, and this regardless of the size of the root or any irregularity in its periphery. Continuity of surface in the porcelain crown leaves no place for decomposing oral secretions, with a consequent discoloration of a porcelain facing, a condition nearly always present in any form of back and solder crown, no matter how nicely and closely adapted the backing may be. When you add to this the ease with which repair may be made, in case of a fractured porcelain, and the further fact that fracture is less liable to occur because of the cushion formed by the cementing material (where the porcelain is cemented to the base), it would really seem as if, to quote the brilliant editors of *Items of Interest*, we are able to give our patients in such an operation "The acme of dental attention."

The making of extensive bridges is now looked upon with suspicion. It is not reasonable to suppose that the roots of four teeth (or of any small number of teeth) will do the work that nature intended should be done by the roots of fourteen teeth. (These numbers I



simply use comparatively.) Where a small number of sound teeth remain in the arch and it is desired to replace the teeth which have been lost it is far better to make use of the alveolar ridges and the adjacent hard palate, by using a small denture and obtaining the desirable fixity, sense of security, by attaching the denture to the remaining teeth with some of the mechanical appliances now on the market (such as the Roach attachment) than to put in an extensive bridge, with the assurance that both teeth and bridge will be lost in the near future.

In many cases a removable bridge, with telescoping crowns, and a saddle, resting on the alveolar ridge, makes altogether the most desirable form of restoration that can be suggested. The somewhat recent use of the spur and inlay abutment has, I believe, done much to make successful certain forms of bridges that were previously, to say the least, very problematical. Let me suggest a typical case, where in the lower jaw the first molar and second bicuspid have been extracted, the first bicuspid requires a shell crown and the second molar has a large mesio-occlusal cavity. My opinion is that the best bridge that can be used in such a case is where a shell crown is used on the first bicuspid—the second bicuspid and first molar (the intermediate pair) have occlusal surfaces only (making what is spoken of as a hygienic bridge) and to the distal end of the intermediate part is attached a spur of square iridio platinum wire (No. 12), which rests in an inlay in the molar, but is not soldered to it. In this case, the cavity in the molar should be at least partially prepared first, to indicate the position of the spur. Then, after the bridge is made and the wax inlay is in position in the prepared cavity of the molar, the spur will make for itself, if the bridge be placed in position, a seat, accurate in size, shape and position. Mention has already been made of porcelain crowns, with cast gold base. This method of restoration is as applicable to bicuspid and molars as to the six anterior teeth. But it is wise to observe certain methods of technic if the best results are to be obtained.

The dowel should, I believe, always be of iridio-platinum, as the cast gold forms with the base metal dowels an alloy that possesses less than the desired amount of strength.

Then I think it is always wise to adapt a cope of pure gold to the end of the root, and solder the dowel to this cope. The wax may then be applied in the usual way, and the gold, when cast, will attach itself to the cope. This is, I believe, preferable to adapting the wax directly to the end of the root.

By using pure gold, 33 or 34 gauge, a very correct outline of the end of the root may be obtained, an outline much more nearly perfect than that which may be obtained by pressing wax against the end of the root and then trimming the wax. The reason for this is not hard to understand. The joint is made usually beneath the free margin of the gum, and this gum tissue, usually somewhat lacerated, prevents the wax from coming into close contact with the end of the root. Then moisture, to some extent, is usually present, and this not only forms a thin layer between the wax and the end of the root, but it chills the wax also, making a perfect adaptation impossible.

When, however, a cope is used, even though the wax be not perfectly adapted between the porcelain and the cope, this defect may be remedied by the use of a hot spatula and a little additional wax, the cope preserving perfectly the outline of the periphery of the root, as well as its shape. In addition to all this, a certain amount of contraction takes place when the gold is cast. If provision be made for this shrinkage by leaving the wax somewhat large, an element of uncertainty is introduced, while if no such provision be made the case base is always a little too small. You may accept it as a fact that those who have given most thought to the subject always use a cope, to which the gold base is cast.

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### KEEP YOUR GRIT.

Hang on! Cling on! No matter what they say.  
Push on! Sing on! Things will come your way.  
Sitting down and whining never helps a bit;  
Best way to get there is by keeping up your grit.  
Don't give up hoping when the ship goes down;  
Grab a spar or something—just refuse to drown.  
Don't think you're dying just because you're hit.  
Smile in face of danger and hang to your grit.  
Folks die too easy—they sort of fade away;  
Make a little error, and give up in dismay.  
Kind of man that's needed is the man of ready wit,  
To laugh at pain and trouble and keep his grit.

—Selected.

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*Silence may be golden, but many a cow would be struck if it wasn't for the whistle on the engine.*

The value of a man to his community can only be told by the ease or difficulty with which he may be replaced.



This Department is Edited by C. A. KENNEDY, D.D.S.  
Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

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TO OBTAIN SMOOTH, POLISHED MODEL.—Immediately after separating model from impression give it a good coat of cast glass or silex and wipe the model dry with a piece of cotton, rubbing hard enough to polish the surface.—F. L. Olds, *Dental Summary*.

PULP DEVITALIZATION IN DECIDUOUS TEETH.—It is extremely hazardous, dangerous and unjustifiable to use arsenic for destroying pulp of deciduous teeth. This is doubtless the cause of the non-eruption of many permanent teeth.—A. W. Harlan, *Review*.

GUTTA PERCHA FOR SEPARATING.—If, when using gutta percha for separating, the material is softened, it is often difficult to fix it tightly between the teeth. Cut a piece and press it to place cold; then trim

SEPARATING MEDIUM OR WATER SHELLAC VARNISH.—

Best Gum Shellac.....	2 Oz.	
Borax .....	1 oz.	
Water .....	2-3 Pt. or about	
	14 Fluid Oz.	s

Dissolve the borax in the water; bring to a boil, and add slowly to the gum shellac, previously placed in the bottom of a wide-mouthed pint bottle. Stir. Keep well corked.—Adopted from A. Daugherty, *Western Dental Journal*.

STERILIZATION OF INSTRUMENTS.—All instruments coming in contact with living tissue should be sterilized, preferably by boiling. Chemical sterilization is a delusion and a snare, and it is now known that albuminous coatings will effectually protect germs and their spores from any germicide we may employ.—Don. M. Graham, Detroit.

TO MAKE A HOOD PLASTER MODEL.—One part of Portland cement mixed with twenty parts of plaster of Paris will make a perfectly hard model cast. *Chemistry and Druggist*.



TREATMENT OF CANKER SORES.—Canker sores are true ulcers and are treated locally. Cleanse the surrounding tissue with hydrogen dioxide, after which dry the raw surface and cauterize. For this use an application of 10 per cent. solution of silver nitrate or a 20 per cent. solution of argyrol or pure phenol. The application is made by using a small pledget of cotton dipped in the solution and touched to the ulcer.—J. B. Buckley.

ECONOMY IN HYPODERMIC NEEDLES.—Hypodermic needles which have become occluded owing to the deposition of material derived from fluids used for injection are often carelessly thrown away. All that is necessary to be done in order to restore the brightness of the external surface of such needles, as well as to clean them internally by dissolving out the precipitated material, is to boil them for a period of ten minutes in a solution of sodium bicarbonate in water. The economy of such a procedure is obvious in view of the cost of these needles.—*Medical Record*, per *Dental Surgeon*.

PULP STONE AND PULPITIS.—Pulp stones and resorption are best diagnosed by the skiagraph. Failing that, pulp stones may be diagnosed by exclusion. The pulpal pain in pulp stones is a low grade of inflammation, a "growling" pain, remittant, but seldom acute. Ordinarily pulpitis is accentuated at night, but pulpitis due to pulp stones is just as likely to manifest itself at one time as at another. Pulpitis from other causes is either progressive or retrogressive—it becomes either worse or better. The pulpitis of pulp stones goes on and on, week after week and month after month, with little or no change for better or worse.—G. E. Hunt, *Dental Summary*.

TO MAKE PINK GUM RUBBER LOOK NATURAL.—Moisten a piece of cotton with sulphuric acid and rub it over the pink rubber until it turns black. Then wash thoroughly to remove all traces of the acid and it will be found that the artificial gum has become a perfect imitation in color of the natural gum. Another method is to allow the denture to lie in a covered glass jar filled with methylated spirit, and expose it to the sunlight. It will be found that the pink rubber becomes paler and paler according to the length of time of exposure and also the strength of the sunlight. The denture is removed when the desired shade of color is obtained.—*Chemist and Druggist*.

A LABORATORY HELP.—A piece of linoleum five or six inches square will be found to be a very convenient help in pouring up plaster models. It gives a flat base to the model, can easily be "peeled" off when the plaster has set, and does not chip or break as does a glass slab. It is a proper companion to the rubber bowl.—C. M. Torrence, *Dental Summary*.

# ORAL HEALTH

EDITOR — WALLACE SECCOMBE, D.D.S.

A Monthly Journal devoted to the interests of the Dental Profession, and to the furtherance of Public Health through the education of the Public in relation to Oral Hygiene. Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

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## EDITORIAL.

### THE MEDICATION OF THE MOUTH THROUGH DENTIFRICES.

**A** DENTIFRICE is primarily a cleansing agent. When it becomes something more than a cleanser it occupies dangerous ground. The medication of the mucous membrane of the mouth is a serious proceeding and one not to be undertaken lightly. The medication of healthy mouths is vicious in principle and dangerous in practice. Medication through a dentifrice presupposes the universal presence of a diseased condition in the mouths of mankind, which, in every case, demands medicinal treatment in precisely the same way.

Beware the dentifrice fearfully and wonderfully made. Beware the paste or powder containing a myriad of ingredients. *Back to the simple formula* should be the profession's definite instruction to the manufacturer.

Wherein is the advantage of the stimulation of the salivary glands with a consequent abnormal flow of saliva? Chewing-gum manufacturers have long enjoyed the privilege of advertising such an advantage (?). The gum man continues to fool nature into thinking she is having a good square meal, which in reality is only rubber. But you can't fool nature all the time.

However the tooth paste man has risen to the occasion, and the manufacturers of "Pebeco" Tooth Paste claim that it "excites an abundant flow of alkaline saliva, brought about by the Chlorate of Potash that it contains."

Here's a chance to make the saliva flow without even moving your jaws. It ought certainly to appeal to the tired or lazy individual who is suffering from inertia. Too bad the universal need of mankind is not "an increased flow of saliva"—what a boon "Pebeco" would then be!

Among the claims for "Pebecco" are:

- Excites circulation in the gums (tonic).
- Stimulates glandular secretion.
- Deodorizing agent.
- Efficacious in tender or bleeding gums.
- Efficacious in mercurial stomatitis.
- Pyorrhoea alveolaris is benefited and often cured.
- Flaccid and shrunken gums take on a healthier glow.
- Swollen and spongy gums become hardened and healthy.
- Preventive of dental caries and affections of the tonsils, including diphtheria.
- Cleans and polishes the teeth and destroys bacteria lodged between them.

Thus we learn the action of "Pebecco" on most all the ills to which the oral flesh of man is heir. But what will "Pebecco" do to the ordinary, every-day, healthy, normal mouth?

Frankly, we wouldn't hazard a guess!

#### ALL ABOARD FOR TORONTO.

**T**HERE is no dentist in Ontario who can afford—actually afford—to miss the convention of the Ontario Dental Society, May 31st and June 1st and 2nd, 1911.

The O. D. S. convention has earned fame and reputation far beyond provincial borders. It is a rare privilege for the Ontario practitioners to meet together annually for the exchange of ideas and good fellowship.

Don't miss the convention. Come with a happy smile and a determination to settle down to three solid days of enjoyment and profit.

#### CERTIFICATION OF ILLNESS OF SCHOOL TEACHERS.

**A**T the last session of the Ontario Legislature the Minister of Education introduced an amendment to the Public School Act, authorizing local school boards to accept a dentist's certificate certifying to a teacher's absence from school occasioned by some dental cause.

The amendment passed the House without discussion and makes clear what has heretofore been a debated point.

If a certificate from a dental surgeon is not now accepted in Ontario it is a matter for adjustment with the local authorities, for the Provincial Department of Education has made its own position in the matter quite clear.

The Legislative Committee of the R. C. D. S. Board is to be commended for its action in this matter.





## DEMORALIZATION OF INFERIOR WORK.

BY ORISON SWETT MARDEN IN THE "BUSY MAN'S."

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Nothing kills ambition or lowers the life standard quicker than familiarity with inferiority—that which is cheap, the "Cheap John" method of doing things. We unconsciously become like that with which we are habitually associated. It becomes part of us, and the habit of doing things in an inferior, slovenly way weaves its fatal defects into the very texture of the character.

We are so constituted that the quality which we put into our life-work affects everything else in our lives, and tends to bring our whole conduct to the same level. The whole person takes on the characteristics of one's usual way of doing things. The habit of precision and accuracy affects the entire mentality, improves the whole character.

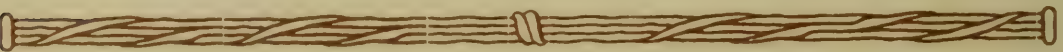
On the contrary, doing things in a loose-jointed, slipshod, careless manner deteriorates the whole mentality, demoralizes the entire mental processes, and brings down the whole life.

Every half-done or slovenly job that goes out of your hands leaves its trace of demoralization behind, takes a bit from your self-respect. After slighting your work, after doing a poor job, you are not quite the same man you were before. You are not so likely to try to keep up the quality of your work, not so likely to regard your word as sacred as before. You incapacitate yourself from doing your best in proportion to the number of times you allow yourself to do inferior, slipshod work.

The mental and moral effect of half-doing, or carelessly doing things; its power to drag down, to demoralize, can hardly be estimated, because the processes are so gradual, so subtle. No one can respect himself who habitually botches his work, and when self-respect drops, confidence goes with it; and when confidence and self-respect have gone, excellence is impossible.

It is astonishing how completely a slovenly habit will gradually, insidiously fasten itself upon the individual and so change his whole mental attitude as to thwart absolutely his life-purpose, even when he may think he is doing his best to carry it out.

One's ambition and ideals need constant watching and cultivation, in order to keep the standards up. Many people are so constituted that their ambition deteriorates and their ideals drop when they are alone, or with careless, indifferent people. They require the constant assistance, suggestion, prodding, or example, of others to keep them up to standard.





*W. A. Black M.A. L.D.S. D.D.S.,*  
Toronto.

In this issue Dr. Black has written an exceedingly interesting account of the Ontario Dental Convention, held in Toronto, May 31st and June 1st and 2nd, 1911. Even those who were present will greatly appreciate reading an account of the meeting as it appeared to Dr. Black.

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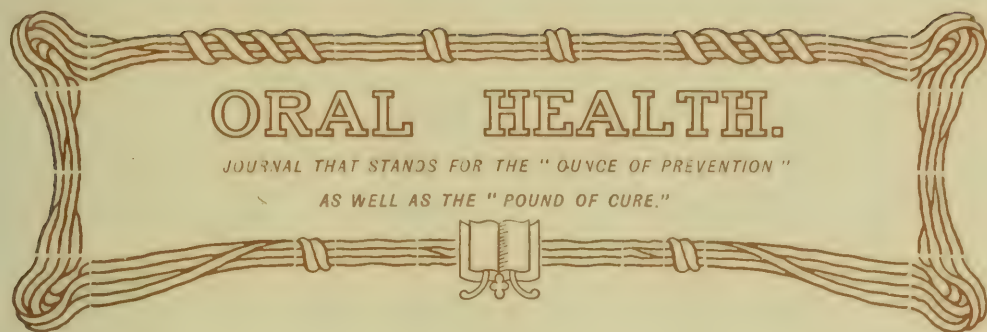
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## THE CONVENTION OF THE ONTARIO DENTAL SOCIETY.

BY W. A. BLACK, M.A., D.D.S., TORONTO.

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**A**NOTHER annual meeting of the Ontario Dental Society has passed into history. The sessions were held on May 31st, June 1st and June 2nd in the new building of the R. C. D. S.

The attendance, though not as large as it should be, compared favorably with that of other years. Some two hundred and sixty-five members having registered.

When we consider that there are some nine hundred practitioners of dentistry in the Province of Ontario, and that scarcely one-third of this number attend the annual meetings, and that less than one-half the dentists in the city of Toronto avail themselves of the privilege of attendance, we wonder why this condition prevails. Is it because the meetings are lacking in interest and have not sufficient attraction for the members of the profession? This can hardly be so, or why should practically the same faces be seen at these sessions from year to year? Rather would it appear that the majority of dentists fail to appreciate the educational and practical advantages gained by the exchange of ideas and the social intercourse with their fellow practitioners which these society meetings afford.

### THE PRESIDENT'S ADDRESS.

The first session of the Society was held on Wednesday afternoon, and opened with the presidential address. Dr. Irwin, the President, requested Dr. Green, the Vice-President, to occupy the chair during the reading of his address.

In preparing his message, the President said two topics, both relevant and interesting, had been omitted—the progress made in recent years in our profession and the value of attending society meetings. He spoke of the small percentage (about 25 per cent.) of the residents of Ontario who ever visited a dental office and said it was our business to educate the remaining 75 per cent. concerning the value of caring for the teeth. He advocated instruction of the public in our methods of practice—advertise dentistry, he said, but not dentists. He suggested that articles along dental lines should be written from time to time by members of the profession which might be instructive, giving information regarding what modern dentistry was prepared to do. He called attention to the summer course for students which the Board of the R. C. D. S. had arranged, and congratulated the Board on what it had accomplished during the year in getting legislation passed whereby the Board could discipline those who did not conform to the professional code of ethics. He concluded his remarks very fittingly by referring, in eulogistic terms, to the late Dr. William Brodie, the greatest entomologist Canada has yet produced, and suggested that the society should honor itself by making some fitting recognition of the memory of this great man, who was not only a busy dentist, but who found time also for labors abundant in the realm of natural science which have given him a national reputation.

The presidential address was discussed by Dr. A. A. Smith. He congratulated the President upon the high standard he had set for the profession, and thought the society should make suitable recognition of the life and work of the late Dr. Brodie.

Dr. M. P. Corrigan followed with a short but very interesting history of Dr. Brodie's life and accomplishments. Dr. Brodie was of Scottish birth. As a boy he was a lover of natural history, and later on in life became a specialist in almost every branch of natural history. His collection of 18,000 galls was purchased a few years ago by the Smithsonian Institute in Washington, D.C. During his life Dr. Brodie had collected, classified and labelled over 92,000 specimens of the flora and fauna of Ontario. At the conclusion of Dr. Corrigan's remarks a committee of ten was appointed by the society to make some definite plan for action in recognition of Dr. Brodie's great work.

The remainder of the afternoon was given over to the receiving of reports from the various committees of the Society.

The Executive Committee Report was read by the Secretary, Dr. C. A. Corrigan, and recommended certain revisions of the constitution to meet the changing needs of the Society.

## EDUCATIONAL COMMITTEE REPORT.

Dr. R. J. Reade, Secretary of the Educational Committee, read an extensive report, outlining very fully the work done by the Educational Committee during the past year. He said the educational work had been carried on throughout the Province by the appointment of sub-committees which had acted in conjunction with the Provincial Educational Committee. In the different parts of Ontario lectures were being delivered by dentists to nurses-in-training. It had been thought best to have some one prepare an outline of lectures so that they would be somewhat uniform in character, accordingly, Dr. R. G. McLaughlin had undertaken to prepare an outline to be followed. He said that since the last report, the Ontario Department of Agriculture had issued the pamphlet prepared by the Committee entitled, "The Teeth and Their Care" (known as Bulletin No. 181). Forty thousand copies had been printed, and had been widely distributed. At the present time another pamphlet was being prepared for publication by the Ontario Department of Agriculture. Dr. A. A. Stewart was preparing the draft of this paper on "Prevention of Decay of the Teeth." Dr. Reade reported that in various hospitals the nurses-in-training were receiving lectures. In the normal schools lectures had been delivered to the teachers in training. The inspection of schools, he said, had shown an unsatisfactory and serious condition, menacing the health of the children.

The educational policy of the Society for the coming year was then warmly discussed, and it was finally decided to elect five members of the Society to form this committee as heretofore.

## REPORT OF BOARD OF DENTISTS.

Dr. Wallace Seccombe, in the unavoidable absence of Dr. W. J. Bruce, the President of the Board, gave a verbal report for the Board of the R. C. D. S. He called attention to the summer course which had been provided for those students wishing to remain in the city, and spoke also of the Practitioner's Course which had been arranged for those members of the profession who wished to avail themselves of the latest developments in the practice of their profession. This course would extend over a period of ten days, commencing on August 28th. It would be free to all licentiates in Ontario whose annual fees were paid, and to all others the fee would be \$20.00. A certificate of attendance would be given to those taking the course, and in this connection Dr. Seccombe spoke of the importance of raising the efficiency of the profession. The Dental College had had a successful year, he said, some two hundred students having been in attendance. The college



was equipped with accommodation for three hundred. He remarked that we should aim at getting the best men in every locality to enter our profession and encourage any young men of promise to make dentistry their life work. He stated that at the last session of the Legislature the Dental Act had been revised, whereby it was made clear that the Board had the right to discipline members of the profession, and that the Board proposed to use this power to purge the profession of any quackery or dishonesty. In future, no assistant or laboratory man will be permitted to operate at the chair.

#### MILLER MEMORIAL FUND REPORT.

The report of the Miller Memorial Fund was presented by Dr. C. G. Scott, Hon. Secretary. To date, some \$1,188 had been subscribed. The following were the amounts subscribed by each Province:

British Columbia .....	\$ 25.00
Manitoba .....	200.00
Nova Scotia .....	20.00
New Brunswick .....	22.00
Prince Edward Island .....	5.00
Quebec .....	212.00
Saskatchewan .....	45.00
Ontario .....	559.00
R. C. D. S. ....	100.00
Total .....	\$1,188.00

#### DENTAL SERVICE IN PUBLIC INSTITUTIONS.

Dr. A. E. Webster, representing the Committee on Dental Care of Inmates in Public Institutions of Ontario, gave a very interesting report. He stated that the committee had interviewed the Hon. W. J. Hanna, Provincial Secretary, and that he had given them a very sympathetic hearing. In general, at most of the Public Institutions, such as the Insane Asylums, Hospitals and Prisons, some recognition of the necessity of dental treatment was given, and necessary work arranged for in some cases with local dentists, or in cases of extraction, it was sometimes entrusted to the medical assistant. At the Central Prison in Toronto no attention whatever had been paid to the teeth of the inmates. The same was true of the Institute for the Blind in Brantford and the Institute for Deaf Mutes in Belleville. A few weeks ago Mr. Hanna was again interviewed, to find out what might be done for patients in those institutions not now provided for, and to discuss a somewhat uniform plan of action throughout the Province of Ontario. Several suggestions have been made, but it would

seem that little more could be done at present until the Legislature, and especially the Cabinet, are convinced of the necessity of this work. The committee suggested that this matter be now turned over to the Educational Committee to take up the question of showing the necessity for such work. They also suggested that a strong resolution be passed at the meeting putting the matter up to the Legislature.

#### A HISTORY OF DENTISTRY IN ONTARIO.

A committee of three, consisting of Drs. J. B. Willmott, A. E. Webster and C. A. Kennedy, were appointed by the Society to prepare a history of the profession in Ontario.

The session on Wednesday evening was well attended, and proved exceedingly interesting and instructive.

#### ANESTHETICS—BY DR. E. W. PAUL.

The first paper given was one on "Anesthetics," by Dr. E. W. Paul, of Toronto. The subject was well presented, and provoked an interesting discussion. Dr. Paul first gave a short history of anesthetics, reminding the profession that it was a dentist who first discovered and first used a general anesthetic. Nitrous oxide was discovered in 1846 by Dr. Wells. In his own practice as a Specialist in Extraction, he made use of ethel chloride, somnoform, nitrous oxide and nitrous oxide and oxygen combined. He stated, in his opinion, that it was an outrage for a dentist to extract a tooth without the use of an anesthetic, and claimed that the shock to the system by extraction without an anesthetic was greater than that sustained by the system through use of the anesthetic. He made use, he said, of nitrous oxide more often than of any other anesthetic, but had used somnoform also to quite an extent, having over six hundred recorded cases. Ordinarily, he preferred to use nitrous oxide, and for prolonged operations he administered nitrous oxide and oxygen through the nose.

Dr. S. R. Clemes, of Collingwood, discussed the paper in a very interesting manner, and as a medical graduate, as well as a practitioner of dentistry, agreed with the essayist that the shock to the system was greater when extraction was performed without an anesthetic than the shock from the use of the anesthetic.

#### DR. FOSSUME ON REMOVABLE BRIDGE WORK.

One of the outstanding features of the sessions was the presence with us of Dr. F. L. Fossune, one of New York's prominent dentists, who added much to the interest by his paper on "Removable and Semi-Removable Bridge Work," and who was present at both sessions of clinics with his models showing the result of his own work along these lines. His paper was highly technical, which made it rather difficult to follow, since he was not able to present his models to such

a large gathering, but he succeeded by his clear and concise language in making the paper highly intelligible and profitable.

Dr. Fossume said that he was particularly concerned with three principles, which might be called briefly: (1) the stationary bar; (2) the T piece; (3) the removable.

He stated that the fundamental requirements of all bridge work were utility, esthetic appearance and cleanliness. He said utility was furnished by stationary bridgework. Satisfactory appearance often could not be obtained without the restoration of contour to the alveolar process, and to the lips and cheeks by artificial gum tissue. The third requirement, that of cleanliness, necessitated removable bridge work.

The first case he illustrated was the use of "the bar principle" of intersupport, whereby the abutments were attached with a square wire of platinum, gauge No. 14, running along the alveolar margin and soldered to the supports at either end. By this method, he claimed that he had perfected a system of removable bridge work which secured the fulfilment of all requirements in the highest possible number of cases.

He made use of what he termed the "Fossume T piece" in inserting lower back teeth where there were no posterior abutments. This T piece was soldered near the gingival border at the distal of the gold caps, placed over the posterior teeth in the mouth and tended to support and steady the partial denture inserted.

*Semi-removable Bridge Work.*—His method of establishing parallel attachments for a bridge in those cases where the crowns used as abutments were tipped, was very simple. It was based upon the powerful locking principle known as "the mortise and tenon." The abutments first had the crown cemented on them, and then the remainder of the bridge was cemented to place. Dr. Fossume closed his paper with the remark that all attempts on our part to equal the marvellous work, true to the first Maker, were but poor counterfeits.

Dr. W. H. Doherty, in the absence of Dr. A. W. Thornton, who had gone to Chicago to address the graduating class in dentistry, opened the discussion on Dr. Fossume's paper.

Thursday morning was given over entirely to Clinics. A list of which will be found at the end of this article.

#### ORTHODONTIA SHORT OF THE IDEAL—DR. HILL.

The session Thursday afternoon was opened by a paper entitled "Practical Methods in Orthodontia Short of the Ideal," read by Dr. W. J. Hill, of Alliston. He reminded the Society that his paper was not written for the specialist, but for the general practitioner, especially for those in small towns where consultation with the specialist was



not convenient. His paper, he stated, did not deal with specific cases, but rather with generalities. He remarked that it was an unfortunate fact that many dentists avoided this important work when possible, and that thus many deformed mouths which might be improved were allowed to go uncorrected until it was too late. Orthodontia, as practiced by the general practitioner, must, of necessity, vary from that of the specialist. The specialist looked for ideal results, and worked with that end in view. He was not satisfied with correcting the deformity in part and allowing nature to do her part, but preferred to turn out the finished operation if possible. The general practitioner, on the other hand, had a great many demands on his time, but must do a certain amount of this work.

One of the most common irregularities, he said, noticed at an early age, was the unlocking of the upper centrals or laterals, frequently due to retaining the temporary teeth too long. He mentioned two or three simple methods of putting these teeth in proper position, preferring the use of an alignment wire, especially where there were two or more teeth to move. Dr. Hill recommended the extraction of inlocked laterals and the trimming down of the points of the cuspids in cases where the patients were fifteen years of age or over, where the laterals were entirely in lingual position, and the cuspids and centrals in contact. He preferred this method of procedure rather than to attempt the expansion of the arch by use of an alignment wire on account of the time it would require and the inconvenience it would cause the patient.

Frequently, when the lower incisors are badly crowded, he would advise the extraction of one of these to make room, as a short cut, instead of expanding the arch.

Frequently, he said, in the case of a crowded arch, there was not room for the cuspids to come into place, he would in many cases extract the first bicuspids, and thus make room for the cuspids to come into position.

In certain cases, where the first molars were almost hopelessly decayed and when the second molars had not yet erupted, he thought it wise to extract the first molars, and the second molars would, when erupted, come forward and fill the space. He spoke also of the difficulties met with in the treatment of inferior and superior protrusions, and recommended early attention. In conclusion, he stated that the methods he had recommended were based on clinical experience, and that it was a satisfaction to him to note the results obtained in many cases, contrasting them with the original condition. He said that he

was aware that he had advocated some methods at variance with the principles of orthodontia as laid down by the specialist, but he was speaking from the standpoint of the general practitioner, and with a view to doing the greatest good for the greatest number.

The discussion of Dr. Hill's paper was opened by Dr. C. H. Juvet, of Ottawa. He said that he judged Dr. Hill's aim was to stimulate a greater interest in the department of orthodontia among the general practitioners, and congratulated the essayist on the effort he had put forth in the preparation of his paper. He claimed that every dentist should be able to diagnose cases of irregularities correctly, and thus be in a position to judge whether it was advisable for him to undertake to treat the case himself or refer it to a specialist. The most fruitful sources of failure were in making improper diagnosis and undertaking cases which should never be attempted. Regarding the correction of irregularities by extraction, from his experience, there were no short cuts, and there should not be where ideal results were sacrificed. He was much opposed to the extraction of any teeth for the correction of irregularities. He spoke of the deleterious effects of extraction—the patients were inadequately prepared for mastication, inviting nervous breakdowns, and inefficient mastication usually meant inefficient breathing. The facial lines are also marred. By extraction one further exaggerates the conditions due to lack of development.

The discussion was continued by Dr. R. G. McLaughlin, Toronto. He stated that a proper diagnosis of the case was the most important consideration to be dealt with. The next matter in order of importance was the retention, and thirdly, the moving of the teeth. He was opposed to the extraction of teeth as a means of assisting the correction of irregularities. The discussion then became general. Dr. A. E. Webster cited a specific case of an inlocked lateral, where the central and cuspid were in contact, in which he thought extraction of the lateral was justifiable. Dr. Geo. Grieve thought that the extraction of teeth for the correction of irregularities was a more serious question than most of the profession realized, and he believed it better that the condition should remain as it was than attempt to relieve it by resorting to extraction. Several other members took part in the discussion.

A new feature introduced this year by the Programme Committee was a series of ten minute papers by members of the Society, dealing with subjects of vital importance to the dentist. One man was appointed to discuss each paper. These papers proved exceedingly interesting to the meeting. Each essayist described his technique of procedure under the conditions set forth in his paper.

## HOW TO BLEACH A TOOTH—DR. ROBERTS.

Dr. J. G. Roberts, of Brampton, presented the first of this series of ten minute papers. The subject allotted to him was "How to Bleach a Tooth." He first dealt with the causes of discoloration and then described his procedure. He would make a large opening into the discolored tooth, remove all decay and discoloration, enlarge the canal, fill the root at the apex, and then proceed with his bleaching agent. He discussed the various bleaching agents which had been used, and said personally he used peroxide of hydrogen. He reminded the members that bleaching was confined to the anterior teeth.

Dr. W. B. Amy, Toronto, in discussing this paper, said he had had his best success by using 25% pyrozone as his bleaching agent. He called attention to the fact that it was difficult to get a bleached tooth to retain its color permanently.

## HOW TO TREAT A PUNCTURED ROOT.—DR. CLARK.

Dr. Harold Clark, Toronto, next discussed the problem of "How to Treat a Punctured Root." His method was as follows: If there was an abscessed condition due to infection at the area of the puncture he first reduced this condition. His next step was to thoroughly dry out the canal, using a 15% to 25% solution of trichloroacetic acid to overcome any tendency of moisture or bleeding at the point of puncture. He next pumped up a solution of chlora percha (made from base plate and chloroform) into the region of the puncture, and followed this with part of a gutta percha cone about the size of the puncture, and gently pushed this to place, waiting for short intervals to give the gutta percha time to soften by its contact with the chlora percha. In a short time the tissues absorb the chloroform, leaving a comparatively smooth, non-irritating surface. He stated that the principal thing was the care to be exercised in getting the root canal thoroughly aseptic and the patience needed in the technique of treating the condition. Dr. Clark answered several questions which were asked him by the members. Dr. W. G. L. Spalding was not present to discuss the paper.

## HOW TO TREAT EROSION—DR. J. F. ADAMS.

Dr. J. Frank Adams, Toronto, followed with a paper on "How to Treat Erosions and Abrasions on the Labial Surface of Incisors." Dr. Adams drew attention to that fact that erosions must not be confounded with caries of the enamel or atrophy of the teeth. He defined an erosion as a defect of the surface of the tooth characterized by a progressive loss of substance leaving a polished or smooth surface, which cannot be accounted for by abrasion. An abrasion, he



said, is the same polished surface brought about by mechanical means. He stated that if there was a deep cutting, a good, porcelain or enamel filling would prevent its further extension. In the earlier stages grinding the edges and thoroughly polishing the enamel in most cases will prevent further extension. In his opinion caries of the enamel and erosion have one and the same beginning, *viz.*, the formation of the gelatinous plaque. He said that a healthy enamel and a healthy gum should withstand all encroachments upon its vitality—the two go together—there cannot be inflamed gum and healthy enamel or unhealthy enamel and a healthy gum. He mentioned the advantage of the use of silver nitrate in the treatment of these conditions. There were some cases he considered due to a systemic dyscrasia which would have to be dealt with as specific cases.

Dr. A. E. Webster, in discussing the above paper, passed around specimens of extracted teeth showing the abrasive effect of the tooth brush on these, as the result of investigation in research work along these lines done by Dr. W. E. Cummer at the Dental College.

#### FACIAL NEURALGIA—DR. THOMAS.

The next paper on the programme was given by Dr. M. A. Moss Thomas, of London, on "Facial Neuralgia." In opening his paper, the essayist said that neuralgia was not a disease, but rather a manifestation of a disease or perverted function. He defined it as a severe paroxysmal pain in the area of the distribution of a nerve or along its course not accompanied by fever. He stated that, according to Barrett, true neuralgia was principally confined to different nerves, but it might be of a reflex character, and hence have its origin in efferent nerves. The neuralgias, he said, which the dentist has to deal with were principally confined to the fifth cranial nerve and are known as facial, trifacial or trigeminal neuralgia, and include pains arising in or reflected to the teeth. He quoted Marshall as saying that the conditions causing neuralgia were many and varied and consisted chiefly of diseases which lowered the vital power of the system, such as anemia, or those which interfere with the functions of circulation, respiration, digestion, assimilation, secretion and elimination. Dr. Thomas mentioned that women were more subjected to neuralgia than men, particularly during the so-called "change of life." Many patients had annual attacks, he stated, and could almost name the day of their return. He made mention of some conditions in and around the teeth which caused neuralgia, such as pulpitis, pulp nodules, deposits, exposed dentin, exposure of pulps, antrum trouble, etc. The

main thing in the treatment of neuralgia was to locate the cause. The medicinal treatment might be divided into local treatment and general treatment, the latter being mostly nerve sedatives. He remarked that we were seldom called upon to treat the condition known as *tic douloureux*, but might aid in its diagnoses. Little could be done for this condition, he said, either medicinally or surgically, and the sufferer elicited our greatest sympathy.

The discussion of Dr. Thomas' paper was opened by Dr. Percy Copeland, of St. Mary's, who congratulated Dr. Thomas on his effort and said that he had had several cases of facial neuralgia come under his treatment of late in the course of his practice. Dr. F. L. Fossume added much to the interest of the discussion by citing several cases of facial neuralgia which had been referred to him, and which were of obscure origin, until he had had skiagraphs taken of the teeth, which showed abscessed conditions at the apices of one or more of the roots.

#### INCIPIENT ABSCESS—DR. C. H. CLARKSON.

Dr. C. H. Clarkson, Toronto, read a very interesting paper on "Incipient Abscess." He traced the successive steps of treatment. Evacuate the pulp chamber and render pulp chamber and canals antiseptic, sealing in a treatment of tricreasol and formalin. Locally suction cups might be applied, or moist or dry heat for the purpose of producing a hyperemia in the region of infection. For the relief of the patient tinctures of opium or morphia might be resorted to systemically. He also mentioned the use of antipyretics, such as asperin, acetanclin and phenacetin.

Dr. G. E. Hill, Toronto, discussed the above paper, bringing out some points of interest.

The last of this series of ten-minute papers was on "How to Prepare a Cavity for Gold Inlay Under Specified Conditions," was to have been given by Dr. W. C. Gowan, Peterboro and discussed by Dr. F. C. Husband, Toronto, but, owing to the lack of time it was omitted.

Dr. A. J. McDonagh requested the Society, as the hour was late, to take his paper as read. His subject was to have been "Alveolar Osteoclasm." The members regretted exceedingly that time did not permit of hearing Dr. McDonagh's paper.

#### DR. HORDLICH'S ADDRESS.

Thursday evening was given over to a lecture on "The Dentition and Teeth From a Racial Standpoint," by Dr. A. Hordlich, Anthropologist of the Smithsonian Institute of the United States National

Museum, of Washington, D.C. The lecture was held in the Physics Building, University of Toronto, and the audience, though unfortunately small, was very appreciative.

Those who were privileged to hear Dr. Hordlicha heard a rare treat. The lecture was especially interesting from a dental standpoint. Dr. Hordlicha illustrated his lecture with many specimens of skulls and mandibles. He presented the mandible of a man who must have lived at least thirty thousand years ago, during the glacial period of Europe. It had been taken from the earth at a depth of some seventy feet, and the specimen was known as "the man of Heidelberg," since it had been found near that city. He also exhibited several skulls taken from Egyptian cemeteries.

The teeth of the ancients were larger than ours, he said, and their dental arches correspondingly greater. He stated that modification of the teeth presupposed change of function, showing a change in the nature of the food. Change of food presupposed a change of location and hence immigration to other regions.

It was the difference in the food which had caused the reduction in size and development as found in the teeth to-day. He remarked that we had proof of this change taking place to-day, *e.g.*, the teeth of other races, who used coarse and hard foods were larger and had more highly developed cusps than those of the white race. He spoke of the Esquimaux, a branch of the Mongolian race, who had really developed backwards, as he put it, towards primeval man. This people had developed extraordinary masticatory power, due to the uses to which they subject their teeth; for example, they softened their sandals by placing them between their teeth. The average size of their teeth was larger than that of the other branches of the Mongolian race.

Dental research had shown that the monkey was of more recent origin than man, thus discrediting the Darwinian theory. Dr. Hordlicha claimed that man and the ape were both descended from the early primate forms.

He stated that primate man had no chin. This was not due to a lower intelligence, but rather that the teeth were more highly developed, being larger and the arch broader. With the diminution in size of the teeth the dental arch had receded, resulting in the formation of the chin as we saw it to-day. This was evidenced more clearly in old people who had lost their teeth, the tissues having absorbed, the chin protruded to a greater extent.

As the human race advanced in civilization and foods were provided which needed little mastication, Dr. Hordlicha predicted that



the teeth would tend to become smaller and more irregular. In fact these conditions were verified in the cultured classes of to-day. At some future time man might have very few teeth, if any, and this condition would cause a modification in the shape of the skull, causing it to enlarge laterally.

One evidence of civilization was the elimination or partial elimination of the third molars. In some of the skulls found in ancient Egyptian cemeteries the third molars were missing, therefore we might assume that the Egyptians had attained to a very high type of civilization equal to that of the present day and had been a grain-eating nation.

In some skeletons discovered in Yucatan teeth had been found inlaid with cut stone or even gold, showing that dentistry was no modern art.

Among the specimens which Dr. Hordlicha exhibited he called attention to an Indian skull in which the superior cuspid teeth had erupted immediately below the infra-orbital foramen in the reverse position, the crowns of the teeth projecting at that point. The roots had erupted inside the arch on the roof of the mouth. He remarked that this Indian must have suffered intensely from facial neuralgia caused by the pressure of these teeth on the infra-orbital branch of the fifth nerve.

At the close of the lecture Dr. Hordlicha was tendered a very hearty vote of thanks, which was enthusiastically voiced by all present.

#### THE CLINICS.

Friday morning the last session of the Society was given over entirely to clinics.

The clinics this year were of a high order, and it would be difficult indeed to single out the most interesting ones without including the entire number.

The following was the list of clinics and clinicians:

1. J. F. Adams, Toronto—"Treatment of Erosion and Ebrasion."
2. J. W. Armstrong, Toronto—"Bridges, Using Inlay Attachments."
3. D. Baird, Uxbridge—"The Use of Nerve Broaches."
4. D. J. Bagshaw, Toronto—"Building on Corner With Jorcelain."
5. F. E. Bennett, St. Thomas—"Cusp Reproduction, Using Metal-line."
6. C. W. Bowbeer, St. Clair, Mich.—"Bridges, Using Inlay Abutments."

7. C. W. Bowbeer, St. Clair, Mich.—"System of Making Open-faced Crowns."
8. F. J. Capon, Toronto—"Replacing Lost Laterals With Inlay Bridge."
9. O. H. Clarkson, Toronto—"Method of Replacing Lower Anterior Tooth With Inlay Bridge."
10. M. P. Corrigan, Strathroy—Selected.
11. W. E. Cummer, Toronto—"Cast Aluminum Denture."
12. W. E. Cummer, Toronto—"Anatomic Articulation."
13. J. C. Devitt, Bowmanville—Selected.
14. E. A. Dolson, Toronto—"Use of Acolite and S. S. White Special Preparation in Children's Teeth."
15. F. L. Fossum, New York—"Models Showing Removable and Semi-removable Bridge Work."
16. W. C. Gowan, Peterboro—Selected.
17. V. E. Hart, Lindsay—"Jacket Crowns."
18. G. E. Hill, Toronto—"Plastic Gold for Inlay Work."
19. J. A. C. Hoggan, Hamilton—"Orthodontia"—Exhibiting Two Cases.
20. F. C. Husband, Toronto—"Amputating Root for Chronic Abscess."
21. H. M. Kalkbisch, Elmira—"An Original Method of Reproducing Rougae of the Mouth."
22. H. F. Kinsman, Sarnia—"Cast Aluminum Inlay."
23. Oliver Leslie, Perth—"Diagnosing Antrum Trouble by Passing Cannula Into the Antrum Under the Inferior Turbinate."
24. A. J. McDonagh, Toronto—"Pyorrhoea."
25. E. W. Paul, Toronto—"Anaesthetics—Use of Somnoform."
26. F. D. Price, Toronto—"Making Dental Skiagraphs."
27. R. J. Reade, Toronto—"Bandaging."
28. Wm. Revell, Windsor—"Carborundum."
29. W. G. L. Spaulding, Toronto—Selected.
30. W. Cecil Trotter, Toronto—"Caulk's Synthetic Cement Filling."
31. A. W. Thornton, Toronto—"Something in Soldering."
32. A. E. Webster, Toronto—"Amputating Root for Chronic Abscess."
33. J. E. Wilkinson—"Refining Gold and Platinum Scrap."
34. J. B. Willmott—"Method of Restoration in Lost Maxilla."

#### OFFICERS AND COMMITTEES.

Hon. President—Dr. J. Irwin, Collingwood.  
 President—Dr. W. R. Green, Ottawa.  
 Vice-President—Dr. J. A. C. Hoggan, Hamilton.  
 Secretary—Dr. Emory C. Jones, Dundas.  
 Treasurer—Dr. F. L. Williams, Hamilton.  
 Curator of Museum—Dr. C. A. Kennedy, Toronto.  
 Supervisor of Clinics—Dr. O. S. Clappison, Hamilton.  
 Programme Committee—Dr. R. T. McDonald, Dr. T. W. Bell, Dr. Donald Clark, Dr. F. P. Moore, Dr. G. W. Everett

District Representatives (Clinic Committee)—District No. 1, Dr. C. H. Juvel, Ottawa; District No. 2, Dr. H. S. Reynolds, Picton; District No. 3, Dr. J. A. Bothwell, Toronto; District No. 4, Dr. C. V. Beam, St. Catharines; District No. 5, Dr. C. B. Taylor, St. Thomas; District No. 6, Dr. C. E. Sale, Goderich; District No. 7, Dr. M. A. Ross, Thomas, London.

Educational Committee—Dr. Wallace Seccombe, Dr. R. J. Reade, Dr. A. J. McDonagh, Dr. W. E. Willmott, Dr. W. H. Doherty.

Brody Memorial Committee—Dr. M. P. Corrigan (convenor), Prof. Montgomery, Prof. Thompson, Dean Pakenham, Dr. J. Irwin, Dr. A. E. Webster, Dr. C. E. Pearson, Dr. Wallace Seccombe, Dr. A. D. A. Mason, Dr. Harold Clark, Dr. Horace Eaton, Dr. Fleming, Dr. Wunder, Dr. Reade.

Constitution Committee—Dr. W. E. Willmott, Dr. Wallace Seccombe.

#### THE NEXT MEETING.

It was decided to unite with the Canadian Dental Association in 1912 and hold a combined convention at the Brant House, Burlington Beach, Hamilton. Date about 1st June, 1912, to be announced later.

#### THE CHALLENGE ACCEPTED.

An event well worth while will take place in Toronto Thursday, June 29th, at 3 p.m., at Centre Island Park. During a half-hour at lunch last week a member of the profession from the corner of Yonge and Bloor Streets challenged the profession from the corner of College and Yonge Streets to a game of baseball. The challenge was accepted by a couple of representatives from the latter district and the date above settled. It is expected that some sensational baseball will be seen, and a large turnout of the profession generally is looked for. As this will be the only announcement, you had better mark off the date on your appointment book now. The winner of the game will accept any challenge coming from members of the profession in any section of the city, so organize for the contest. It will be noticed that the date has been changed from that previously announced.

#### DOMINION DENTAL COUNCIL OF CANADA.

The Dominion Dental Council examinations were held simultaneously at different points in Canada, commencing Tuesday, June 6th, 1911, and continuing until the following Monday.

This examination is considered just a little more exacting than any Provincial dental examination in the Dominion, and men who have successfully written in all subjects and secured the D. D. C. certificate are rightly proud of the standing this examination gives.

The fact that 30 candidates presented themselves this year at the Ontario point alone attests the fact that the D. D. C. is still looked upon with favor by many students and graduates.

For information concerning this examination write Dr. W. D. Cowan, Secretary Dominion Dental Council, Regina, Sask.





This Department is Edited by C. A. KENNEDY, D.D.S.  
Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

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**STERILIZATION OF INSTRUMENTS.**—This is best done by boiling. Allow to boil for five or ten minutes, remove by means of a false bottom, then place them in a weak formalin solution, and dry before using with a sterilized cotton wipe. Many dentists use a formalin solution and do not boil, but experiments in this show that instruments infected with a vigorous growth of staphylococcus, if placed in a tight box and exposed for 15 hours to the vapors of formaldehyde, generated by evaporation from a large shallow dish of formaldehyde (40%) and then washed in sterilized water, showed a good growth of broth.—J. S. Graham, Toronto.

**WHEN TO BEGIN ORTHODONTIC TREATMENT.**—I will not set down an age—having said that the old period of the twelfth or fourteenth year is too late—but rather a period, and that period would be during the time of eruption of the permanent set, and beginning as early as convenient and in the best interests of the child's health. In the majority of instances the ideal time would be just when the incisors are emerging or have erupted.—R. Ottolengue, *Dental Summary*.

**TO DEVITALIZE PULPS.**—With a direct exposure moisten a small pledget of devitalizing fibre in oil of cloves and then in cocaine crystals; place this with gentle pressure over the exposure. Insert another small piece of cotton for cover and fill with oxyphosphate of zinc cement. Dismiss patient for a week, when you can proceed without pain. Seal a piece of cotton saturated with a solution of creosote-formalin and alum in cavity for a few days until such time as you are ready to remove the pulp and fill.—J. H. H., Man.

**EXTRACTION OF UPPER TEETH.**—Upper teeth are, as a rule, much easier to extract than lower ones, and for their extraction elevators are rarely indicated. The number of teeth the roots of which are in direct relation with the floor of the antrum is variable. The antrum may extend so far forward, especially in cases where the canine fossa is not pronounced, as to be in direct relation with all of the teeth of the true maxilla, from the canine to the third molar. This fact should be borne in mind by the extractor, as in some cases the roots of these teeth extend fairly into the antrum, their ends being covered only by a membrane; hence the danger of pushing a root into the maxillary sinus.—A. Hall, *Xi Psi Phi Quarterly*.

**AVOIDING NAUSEA IN TAKING PLASTER IMPRESSIONS.**—To avoid nausea when taking a plaster impression, instruct the patient to grasp the nose with the thumb and finger, forcing him to breathe through the mouth.—E. R. A., *Dental Review*.

**AIDS IN SEPARATING PLASTER MODELS.**—A little yellow ochre added to the plaster before mixing helps in giving a smooth surface to the impression, thereby aiding in the separation. A few drops of ink fulfil the same purpose, but these should be added while mixing.—L. C. Sirkus, *Odontologist*.

**AN AID IN ORAL PROPHYLAXIS.**—Mix a small quantity of Glyco-thymoline with the pumice, and thus a most pleasing taste will be imparted, as well as the beneficial effects of the Glyco-thymoline upon the tissue.—L. B. C., Seattle.

**TO REMOVE RUBBER FROM FILES.**—When files are clogged with vulcanite place them in a solution of one part saltpetre, three parts sulphuric acid, one part water, brush with stiff brush, adding sufficient soap to clean them. This process will also sharpen the file.—J. H. P., Peoria.

**A COMBINATION ACOLITE AND LOGAN CROWN.**—Grind the Logan crown so that the neck is in contact with the root labially and a space left lingually. Place some inlay wax round the post and force to place. Remove and trim away the excess wax. Replace, chill, remove, invest and cast in acolite. This crown will now have perfect adaptation to the root. There is an advantage of acolite over gold in this method, namely, from the fact that there is not the slightest danger of checking the porcelain, and there is sufficient strength to insure stability.—A. Dangar Burne, Sydney, Australia.

# ORAL HEALTH

EDITOR — — WALLACE SECCOMBE, D.D.S., TORONTO, ONT.

ASSOCIATE EDITOR — GEORGE K. THOMSON, D.D.S., HALIFAX, N.S.

A Monthly Journal devoted to the interests of the Dental Profession, and to the furtherance of Public Health through the education of the Public in relation to Oral Hygiene. Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

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TORONTO, JUNE, 1911.

No. 6.

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## EDITORIAL.

GEORGE K. THOMSON, D.D.S., ASSOCIATE EDITOR OF  
"ORAL HEALTH."

**I**T gives us pleasure this issue to extend the right hand of fellowship to George Thomson, of Halifax, N.S., and welcome him to our editorial staff.

Dr. Thomson has the honor of being the chairman of the first Public Dental Educational Committee in Canada, and without doubt it was the work of that committee that supplied the inspiration for the present Canadian educational movement.

Thus will our readers be kept in close touch with the Maritime Provinces and have the benefit and pleasure of receiving, from time to time, editorial comment from the pen of Dr. Thomson.

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### THE PUBLIC EDUCATIONAL CAMPAIGN AND PROPRIETARY TOILET ARTICLES.

**T**HE dental profession in Canada is face to face with a serious menace that must be met.

The question has arisen in connection with the public educational campaign. At the recent meeting of the Ontario Dental Society, during the discussion of the report, printed in this issue, of that Society's Educational Committee, a determined effort was made by the Canadian Oral Prophylactic Association, Limited, to get representation on the Provincial Committee. The suggestion was that the C. O. P. A. elect three members, the Provincial Board three members, and the Dental Society three members, and that this be done not only in Ontario, but in every Province in the Dominion. The C. O. P. A. would thus be given the right to go into every Province in Canada and appoint three members on the Provincial Educational Committee.

The Canadian Oral Prophylactic Association, Limited, was organized in 1907 under the Ontario Co-operative Associations Act, through the efforts of a few Toronto dentists. It was sought to place upon the market dental toilet articles, the manufacture of which would be absolutely under the control of the dentists who from time to time



formed the company. The profits derived from such sales were to be devoted to dental educational and philanthropic work. The Association is now composed of about 25 active members, mostly Toronto dentists, who meet annually as shareholders for the receipt of reports and the election of officers. The executive is composed of the officers and two other members, making a total executive of five. This executive or board has power to act and decides the policy and carries on the work of the Association. No one would for a moment question the right of such a company to embark on such an enterprise, and it is fully recognized that the work of conducting this company has meant many hours of effort by the five men who from time to time have composed the executive, and furthermore that this vast amount of time has been freely and gladly given with a single purpose to serve the public. But it would be entirely wrong for such a company (and there is no limit to the possible number of such companies) to have the privilege of Committee.

(a) Naming three members of every Provincial Educational

(b) Advising with Educational Committees concerning plans and methods of work.

(c) Receiving from time to time statements of the work to be undertaken.

(d) Receiving from Educational Committees reports of the year's work.

The best interests of the dental profession will be conserved by keeping all companies entirely apart from the profession, otherwise a charge may be laid at the door of the profession of selling toilet preparations to the public, through a subsidiary company, and from the profits derived educating the public (with selfish motive) to the need of dental service. This would be a most unworthy questioning of motives, and yet is one that places the profession in a rather awkward position.

\* \* \* \* \*

If the C. O. P. A. could have put its plan through the Ontario convention it would have meant that members of the Provincial Board and C. O. P. A. could first vote as members of the Provincial Society in the selection of the Society's three representatives and subsequently could vote again as members of a separate body for three additional members.

A committee so constituted could in no sense consider itself democratically appointed, nor could it consider itself a committee of the profession. It would be like a line-fence, betwixt and between, with a disputed ownership that the Privy Council itself could not determine. Such an Educational Committee would be entitled to sympathy, for it would have no real daddy of its own and would ever try in vain to serve two or, perchance, three masters.

\* \* \* \* \*

In so far as representation by the Provincial Board is concerned, it was pointed out during the discussion that the Provincial Board had made a grant of \$100 to the Ontario Educational Committee and did

not ask or desire representation. The Board at a previous meeting had already decided that its field of work was with the licentiate, to keep him abreast of the times in the most approved methods of practice, and that matters of education relating to the public would be left by the Board entirely to the Ontario Dental Society.

The whole discussion seemed ultimately to hinge around the advantage or otherwise of tying the dental profession up in any way to a proprietary remedy, and the further question of the wisdom or otherwise of allowing bodies outside the profession to appoint members to the Provincial Educational Committee. There could be and was but one answer to both these questions.

\* \* \* \* \*

The education of the public in Oral Hygiene can only be by the profession. Needless to say, manufacturers of tooth cleansing preparations stand to profit greatly by such an educational campaign, but it would be suicidal to the whole plan to have the movement tied up in any way to any particular manufacturer or to any particular article. No matter what the arrangement, the public naturally argues that in some insidious way the education of the public means the sale of tooth powder and the sale of tooth powder means the education of the public. Such an arrangement is fundamentally wrong—any dental toilet article ought to stand upon its own merits and commend itself for its own intrinsic worth.

Dental education by the profession, through committees entirely elected by and reporting to the profession, is the only democratic plan, and the only plan whereby the dental profession can control the public dental educational propaganda.

Little money is needed—it is mostly a question of *time* and *personal service*.

If the idea of service be eliminated—unselfish service by the members of the profession acting as such—and some easier method be evolved, such a plan, sooner or later, is sure to fail and set back the whole educational campaign.

At present the public gives little and the dental profession mostly all. That condition must be changed. The public must be educated to give individually, as well as through civic and governmental bodies, for the maintenance of public dental education and dental hospitals for the poor.

Until the public recognizes and assumes its burden the greater service is demanded of the profession.

But the public will never be educated to assume its own proper burden so long as a royalty of "2 cents per tube" is handed over for an educational campaign by a manufacturer and charged up by the manufacturer to "advertising." A company may be a partner to such an arrangement, but the profession never.

\* \* \* \* \*

Good things are not easily attained. There is no "royal road" for the profession in the dental education of the public. It means sacrifice and service by the profession. Some members who feel unfitted to



give personal service may give money. Under an ideal arrangement each will give some service and all will be directed from the one source, viz.: the profession.

The most active voluntary dental organizations in Canada to-day are the Provincial Societies, and it is through these that the bulk of dental educational work can best be done.

Each Province ought to have its Educational Committee, working through the Provincial Society, or, if there is no voluntary society, then through the Provincial Board, which, of course, is also representative of the profession.

The advantage of the Provincial Society over the Board is the gathering of dentists in annual convention and the opportunity thus afforded of reaching the dentist personally, supplying reports of what has been done, and giving inspiration for future action. The ideal of every man at work can best be attained through the medium of the Provincial Society.

\* \* \* \* \*

The Fathers of Canadian Confederation decided that educational affairs be left entirely to the individual Provinces. Some of the most bitter struggles in Canada's public life have been waged over this very question of Provincial autonomy. The "Hands Off Manitoba" cry comes down through the years as a warning echo.

Each Province must be left free to direct its own educational affairs. Local conditions are best known in each province and should be controlled entirely by the dental profession of each Province. To assume that any group of men, residing in any one locality, could be familiar with local conditions from coast to coast is absurd, and if such group be not familiar with such local conditions and such local needs it is equally absurd to give them the power to appoint men on committees to meet those needs.

A National Committee can do a great work in an advisory capacity and in supplying enthusiasm and inspiration to the Provincial Committees, but such a committee, to be national, should be elected by the profession and, if possible, have a representative from each Province.

To say that a National Committee should be elected by the shareholders of an incorporated company and that a committee so chosen should then have the right to name three members on every Provincial Committee in Canada, would be to turn our backs completely upon democracy, and this, Ontario at least, has shown herself not prepared to do.

\* \* \* \* \*

The Canadian (National) Dental Association, at a time when there were few local educational committees, delegated the Canadian Oral Prophylactic Association, Limited, to look after its educational work, and at a subsequent meeting received a report from that company.

Such an appointment cannot fairly be construed as the election by the Canadian Dental Association of an Educational Committee, and yet this is what the C. O. P. A. claimed to be. In the first place many of the members of the C. O. P. A. are not even members of the C. D. A. and have never attended its meetings, and in the second place the



C. O. P. A. is an incorporated body and in no way controlled by the Canadian Dental Association. In case the President of the C. O. P. A. received certain instructions from the C. D. A. and subsequently other and different instructions from the shareholders of the C. O. P. A., he would be legally bound to obey the mandate of his shareholders.

\* \* \* \* \*

The profession must remain free to either accept or reject contributions to the educational campaign. If such funds are accepted that act in itself cannot bind professional men to recommend any article unless they believe it to be the best procurable; nor can it bind the profession to give the company making the donation any representation upon Educational Committees.

A suggestion was made a short time ago by a certain manufacturer of toilet articles, to the chairman of the Ontario Educational Committee, that a generous donation would be gladly given to the committee. The only stipulation was that such donation be announced to the dental profession. The proposition was not accepted.

It's not money, but personal service, that is most needed. When the dental profession gets to the stage where it cannot finance its own committees it will be time to accept such offers as that outlined above.

\* \* \* \* \*

After a very lively and interesting discussion the Ontario Dental Society adopted the suggestion of its own committee. This was considered a most democratic, and by record a most successful plan of organization by the profession.

Five members were elected by the Ontario Dental Society, residing in such proximity to one another that they may conveniently meet from time to time. In addition to these, the chairman or other representative of every local committee in the Province is ex-officio a member of the Provincial Committee. The local committees are to be appointed by the local dentists and report to both the local society and the Provincial Society, through the Provincial Educational Committee.

These local committees are to work in harmony with the Provincial Committee and secure, through the latter, all needed information, charts, reports, lecture outlines, lantern slides, etc., etc. This plan is sufficiently elastic to make it possible for dentists residing in smaller towns (where there is no local society) to start to work in their respective localities and become an integral part of the provincial campaign, which, it is hoped, will assume much larger proportions as the Provinces become better organized for work.

w. s.

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#### AN OMISSION.

Dr. G. C. Bonniycastle's name was not included in the list of Ontario Board members as published in our last issue. This was entirely a typographical inadvertence, for which we desire to offer our sincere regrets.

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R. H. Henderson, D.D.S., Specialist in Extraction of Teeth, has moved to new offices in the Kent Building, corner Yonge and Richmond Sts. (Suite 604), Toronto.



*Dr. Edward C. Kirk*

Philadelphia

Editor - - "Dental Cosmos."

# “God Save the King”

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THE Crowning of a British Monarch is an event of world-interest, but in no land does it arouse more enthusiasm than in Canada—“The land of the Maple.” Canada rejoices in her position as a unit of the Greatest Empire the world has known.

¶ It is the sincere hope of every true Canadian that the Coronation of George V. may cement more closely the bands of Empire and inspire a better and nobler citizenship.

¶ The British Empire has wealth and power abundant. She needs men. Men of brawn and brain and heart. Christian men who will supply a leadership of wisdom that truth, justice, and liberty may prevail. King George has ever shown a humanitarian spirit, and his life will surely give impetus to every movement that seeks to remove the stains upon British citizenship and bring about higher national ideals.

¶ Thus does every true Britisher and loyal Canadian utter with whole heart and voice—

“GOD SAVE THE KING!”

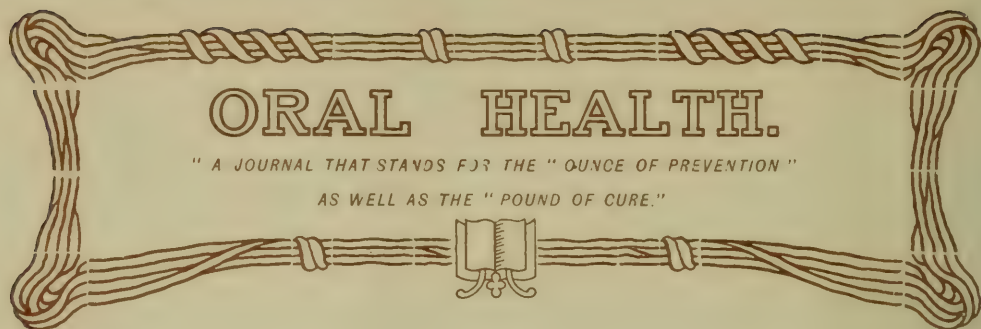


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TORONTO, JULY, 1911.

No. 7

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## DR. E. C. KIRK'S RECENT VISIT TO TORONTO.

BY A. A. STEWART, L.D.S., D.D.S.

**D**URING the week of June 12th, Dr. E. C. Kirk, Dean of the University of Pennsylvania Dental Faculty, paid a flying visit to Toronto. His visit was one of more than passing interest to the members of the profession in Toronto, as he was here in connection with his work in preparing plans for the Trustees of the Evans' Memorial Fund, who intend to begin the erection of a new Dental School and Institute. We in Ontario should feel especially gratified to know, that in preparing his plans and in getting ideas, he visited only two institutions, one the new building of Harvard University and our own. Dr. Kirk first saw our new building during December, 1909, and was so much impressed with it that he brought over Dr. Darby of his staff and his architect to see the building and to find out any of the defects which have developed, now that we have been in operation two years. During his stay here Dr. Kirk was entertained by the Odontological Club, and he very kindly gave a brief history of the Evans Memorial Fund and of the aims of the trustees of that fund. A brief outline might be of interest to the dentists of Canada.

### THE EVANS DENTAL INSTITUTE.

Dr. Evans, the well known American dentist in Paris, bequeathed a certain residue of his estate for the purpose of erecting and conducting in Philadelphia a dental school and institute, to be known as the Evans Dental Institute. A group of men were named as trustees. He stipulated in his will that this school was to be conducted along the lines of the schools of that day (1907), and was to be the equal of any of the schools in existence. After about ten years' litigation, the trustees find themselves with approximately \$1,500,000 with

which to begin their work. The building is to be near the University of Pennsylvania, and is to comprise, in addition to the regular college building, a museum, in which will be placed Dr. Evans' collection of jewels, paintings and relics. The jewels of this collection are alone valued at \$150,000, and among the relics of interest is the carriage in which Dr. Evans assisted the Empress Eugenie to escape from Paris. The museum is to be both burglar and fireproof. The building itself will follow the Tudor form of architecture, and with the princely sum which is at their disposal there is no doubt that the trustees will be able to produce the finest building of its kind yet in existence.

The work of the college will be along the regular undergraduate lines, and will not touch post-graduate work at all. This will be left entirely to the University of Pennsylvania, for the will expressly states that the school is to be organized along the lines of schools of that day, and as there were no post-graduate schools then, Dr. Evans no doubt intended that the Evans' Dental Institute would be an undergraduate school. There is no definite connection between the trustees of the Evans Fund and the University of Pennsylvania, but there is an understanding that the Evans Dental Institute will be in reality the Dental Department of the University.

#### A NEW THEORY OF CARIES.

On being asked "What is the latest thing in salivary analysis?" Dr. Kirk gave a new theory of caries, or rather the prevention of caries, which was very interesting. He stated that, generally speaking, a carbo-hydrate diet produced caries, while a proteid diet produced the other condition, pyorrhœa alveolaris, and that by a proper correction of the diet caries could very largely be avoided. Dr. Michael, of Paris, has demonstrated during his researches the presence of a substance, which he calls glycogen. This substance has the same chemical but not the same physical properties as glycogen. It is produced during tissue metabolism, and is secreted by the salivary glands with the saliva. The action of this substance is not supposed to be on the tooth direct, but it is simply the pabulum on which the caries producing bacteria exist and without which they do not develop. Dr. Kirk thinks that there is a great field for research along this line, and it is his opinion that diet will be proven to have a great deal more to do with caries than at present we think.

One cannot begin to give in any detail the full extent of Dr. Kirk's informal talk. It was full of interesting details, each of which was worthy of thought. To attempt to give any more would be to fail utterly.



## FIFTH DISTRICT—NEW YORK STATE CONVENTION.

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**T**HE forty-third annual meeting of this Society was held in the Onondago Hotel, Syracuse, on 13th, 14th and 15th of April, 1911. The exhibits were quite a feature of the convention, and particularly exhibitions of mechanical appliances. Exhibits of methods and novelties add much to the success of any convention, and at Syracuse they were far enough away from the lecture room to not interfere with the speakers.

Dr. George Butler's paper on "Business Methods in Dentistry" was greatly appreciated. Dr. Butler reminded those present that the dentist's time and skill were all he had to sell and that an appointment made by a patient was a contract for the dentist's time and should be paid for even though the patient did not attend.

Clinics were held on Friday morning, and they proved very interesting and helpful. Particularly attractive were Dr. Teter's Analgesia Clinic and Dr. Wilson's clinic on "Good Models and How to Make Them."

Dr. Teter presented a paper on "Nitrous Oxide and Oxygen," and for his clinic showed how to put a patient just sufficiently under the influence of nitrous oxide that no pain would be felt in the excavation of sensitive cavities—yet the patient remain sufficiently conscious to engage in conversation. This was done by using the nose-piece for the administration of the anaesthetic.

Dr. Wilson's lecture was illustrated by an exceptionally fine group of lantern slides. Dr. Wilson insisted that the jaw was really the model and the plaster cast the imitation of the model. In making a cast for vulcanite work Dr. Wilson uses a mixture of plaster, alum and other chemicals (which is put up for the purpose and sold in dental depots), claiming that plaster of Paris does not hold its form under the necessary heat, pressure and moisture incident to vulcanization.

Dr. Andrew J. McDonagh, of Toronto, read a paper on "Alveolar Osteoclasm," and explained that the name was derived from the two Greek words—osteon, a bone, and klan, I break—alveolar osteoclasm thus meaning the breaking down or desroying of alveolar bone. After explaining the meaning of the title of the paper, the essayist went on

to describe the different factors which produced alveolar osteoclasia, and asserted that the treatment of the disease in all its different forms must necessarily be based upon rational surgical methods in order to have success. The discussion was opened by Dr. Gobel, of Rochester, and carried on by five or six other members of the Society. The next morning a clinic was given by the essayist on the treatment of one phase of alveolar osteoclasia, namely pyorrhoea alveolaris, in which the McDonagh pyorrhoea instruments were demonstrated.

Dr. Wheeler, State Lecturer in Oral Hygiene for the State of New York, gave a paper on Saturday afternoon. He explained that his duties called him to lecture before women's clubs, agricultural societies and adult societies of any description who desired and asked for his services. His lecture was moderate in assertion, clear-cut and fully explanatory. It was a lecture he intended to give to adult societies.

He was followed by Mr. Hughes, Superintendent of Schools, who said that the movement to have children's teeth examined had first been made in the United States about twelve years ago, and he spoke very highly of the present movement, fully realizing the necessity for it. Dr. Butler, of Syracuse, Dr. Teter, of Cleveland, and Dr. Smith, of Rochester, commended the paper and told what was being done in their respective localities.

The chairman then asked Dr. McDonagh to tell what had been done in Canada in this matter, and he explained that Dr. J. G. Adams had commenced this work over thirty years ago, which statement seemed to surprise the members present. He also informed them Dr. Adams had written and published a book on the subject, "School Children's Teeth," at least twelve years ago. That now we had a member of our profession (Dr. Doherty) appointed on the medical staff of our Public Schools and being paid a salary to lecture to the teachers, the nurses and the pupils in the schools and to act as consultant dentist in all cases where his services were necessary in connection with the schools. Needless to say the work in Canada was highly thought of. The paper lasted till six o'clock on Saturday, when a very successful convention was brought to a close.

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"Heaven is not reached at a single bound,  
But we build the ladder by which we rise  
From the lowly earth to the vaulted skies,  
And we mount to the summit round by round."

## **AN OPPORTUNITY**

**FOR BOTH THE RECENT GRADUATE AND  
OLDER PRACTITIONER**

- ¶ You may feel the need for some instruction in the *Later Methods of Dental Practice*.
- ¶ You may welcome an opportunity of going back to the model, after years of practice, and brushing up on the *Principles of Cavity Preparation*.
- ¶ You may appreciate having a complete *Modern Dental Library* placed at your disposal.

If so, you will plan to attend the

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SINGLE FARE RATES on all Railways during Toronto Exhibition.

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FEE FOR COURSE, \$20.00. To Graduates of the Royal College of Dental Surgeons, who are not in arrears of Annual Fees, the course will be free of charge.

Certificates of Attendance issued to those who regularly attend the Sessions.

Register at once and mark the dates in your Appointment Book that the Committee may know how many to provide for. A Registration Fee of \$2 has been fixed.

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COMMITTEE IN CHARGE—Wallace Secombe (Chairman), W. E. Willmott (Secretary), A. E. Webster, A. W. Thornton, W. E. Cummer.



# THE DENTIST'S HEALTH.

BY J. HOWARD CROCKER.

## *Third Article.*

**I**N the last article I spoke of the value of walking and correct breathing and their relationship to good health. It is only necessary to add that during your morning walk don't be thinking about your work or your troubles, but rather engage your mind upon some uplifting theme that will fairly take you out of yourself.

Of necessity some dentists may prefer home dumb-bell drill. The following exercises may be taken with advantage each morning. When not too cold they are best taken before an open window. Be sure and breathe deeply.

After exercising wash off with warm water, finishing with a cool spray. Rub dry quickly and do not stand around, as there is danger of taking cold.

### **No. 1.—SIDE PUSHES.**

**Position**—Head up; chin in; chest out; shoulders rolled back and down; feet spread apart twenty inches; bells grasped tightly in hands; arms straight, and hanging by side of thighs; palms in.

**Count One**—Swing between spread feet, palm sides of bells close together; bend your back as much as possible, trying to get your head near the floor; bend the knees a little; don't strike bells on the floor.

**Count Two**—Bring bells to sides of shoulders, trying to touch elbows behind back, palms up.

**Count Three**—Push strong to sides horizontally, twisting the bells so that palms will be down to side horizontals.

**Count Four**—Bring bells back strong to sides of shoulders, palms up.

### **No. 2.—MUSCULAR CHEST.**

**Position**—Bells grasped tightly, holding them at sides of thighs, palms in, chest out, chin in, shoulders down and back. Small of back hollowed.

**Count One**—Raise bells to side horizontals, elbows stiff, palms down.

**Count Two**—Swing easy to a front horizontal; keep elbows stiff and don't strike hard.

**Count Three**—Swing strong and back to side horizontals, elbows stiff, chest forward, palms down.

**Count Four**—Bring bells down hard to side of thighs, elbows tight, palms stiff, contracting the back upper arm muscles and the back lower chest muscles. Pay much attention to putting strong expression on this count, as it quickly develops the contractile power of the muscles that help to keep the shoulders down and back in proper position.

**No. 3.—FORWARD PUSH.**

**Position**—Head up, chin in, chest out, shoulders rolled back and down; feet spread about twenty inches apart; bells grasped tightly in hand, arms straight and hanging by thighs, palms in.

**Count One**—Swing between feet as in side pushes.

**Count Two**—Bring bells to face of shoulders, palms up, throwing elbows far back, so that you can pass a cane between the upper arms and back.

**Count Three**—Push strong to a front horizontal, twisting the wrists so that the palms will be down at the front horizontal.

**Count Four**—Bring bells back strongly to face of shoulders..

**No. 4.—DRY-LAND SWIM.**

**Position**—Hold the hands (back of hands facing front), half-way between the back horizontal and the position you take for forward push. Don't let the chin drop forward, or the chest sink in, as you take this position.

**Count One**—Swing to a front horizontal, elbows stiff, palms down.

**Count Two**—Swing strong and steady without any jerky motion to side horizontals, palms down.

**Count Three**—Swing back easy, to a front horizontal; don't strike bells hard in front; palms down.

**Count Four**—Swing down past sides of thighs to standing position of this exercise; throw your chest well forward as your bells are swinging past your thighs.

**No. 5.—VERTICAL PUSH.**

**Position**—Bells on top of shoulders, elbows at side horizontals.

**Count One**—Swing between spread feet as in forward push.

**Count Two**—Bring bells to top of shoulders.

**Count Three**—Push to a high vertical, twisting the bells so that the back of the hands will come as close together as the bells will allow. Be sure to reach up so high that the elbows will be stiff when you reach the limit of the outstretch.

**Count Four**—Bring bells back easy to top of shoulders.

**No. 6.—SIDE CHEST ELEVATOR.**

**Position**—Bells at high vertical, elbows stiff, upper arms close to ears, bring the backs of hands as close together as the bells will allow. Reach up high without rising off the heels.

**Count One**—Lower bells to side horizontals; keep elbows stiff, palms down.

**Count Two**—Swing easy to a front horizontal; don't strike the bells hard; reason tends to develop those muscles that pull the shoulders forward.

**Count Three**—Swing strong and steady without a jerky motion to side horizontals, palms down.

**Count Four**—Swing up strong and steady to a high vertical, keeping elbows stiff; try and touch upper arms close to ears and the sides of the bells together.

**No. 7.—THE FLIP.**

**Position**—Same starting position as in muscular chest.

**Count One**—Swing between spread feet, as you do in a forward push.

**Count Two**—Swing bells up and over the head, bending the elbows and trying to touch the thumb ends between the shoulder blades.

**Count Three**—Swing back between spread feet, as you do in first part of movement in count one.

**Count Four**—Swing bells up to a high vertical without raising on the toes, keep elbows stiff, and reach forward as far as you can without rising off the heels as you pass through the horizontal, palm sides of bell coming as close together as bell will allow.

#### **No. 8.—Sternum Elevator.**

**Position**—Bells at a high vertical, palms front, elbows stiff, and upper front arms close to the ears; reach up high without rising off the heels

**Count One**—Lower bells to a front horizontal, palms down, elbows stiff, reaching as far forward as possible without rising off the heels.

**Count Two**—Swing strong and steady without any jerky motion to side horizontals, palms down, chin in, chest forward.

**Count Three**—Bring bells back easy to a front horizontal. Don't strike them hard, as it tends to develop the muscles that draw the shoulders forward.

**Count Four**—Swing up strong and steady to a high vertical, keeping elbows stiff, and slide front upper arms close to the ears.

#### **No. 9.—COMBINE 1, 3, 5, AND 7.**

**Position**—Same as you take for forward push.

##### **Side Pushes No. 1.**

1. Swing between spread feet.
2. Bring to sides of shoulders.
3. Push to side horizontals.
4. Bring to sides of shoulders.

##### **Forward Push No. 3.**

5. Swing between spread feet.
6. Bring to face of shoulders.
7. Push to a front horizontal.
8. Bring to face of shoulder.

##### **Vertical Push No. 5.**

9. Swing between spread feet.
10. Bring to tops of shoulders.
11. Push to high vertical.
12. Bring to tops of shoulders.

##### **The Flip No. 7.**

13. Swing between spread feet.
14. Swing to back of neck.
15. Swing to between spread feet.
16. Swing to a high vertical.

#### **No. 10.—CRADLE ROCK AND TOE YAWN STRETCH.**

**Position**—Bells at a high vertical, elbows stiff, upper arms close to ears; bring palms of hands close together as sides of bells will allow; reach up high without rising off the heels; keep the chest out, shoulders square to the front, small of back hollowed in, knees stiff, heels on floor. Don't lean either forward or backward, as this will bring small of back or abdominal muscles into extra play, which is not wanted at this time. Now, rock sideways from right to left through one-quarter of a circle.



**Count One**—Rock toward a right-side horizontal.

**Count Two**—Rock toward a left-side horizontal.

**Count Three**—Come back to the starting position for the toe yawn stretch.

Now, while you slowly count 1, 2, 3, 4, slowly rise on tips of toes, reaching strongly up as if a 15-foot giant were raising you from your feet. Fill the lungs slowly as you are doing this last exercise, and all the lower diameters of the chest will be more fully expanded, thus enlarging the anterior size of the lung space.

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(Too much cannot be said about the dentist's health. The whole profession needs to be stirred to a realization of the importance of this matter. Enquiry was made at The Harold A. Wilson Company, 297 Yonge Street, Toronto, and it was learned that a pair of suitable wooden dumb-bells (1½ lbs.) for the foregoing exercises sell at 35c. per pair. No doubt these may be secured in most any town. Secure a pair and *retain* your youth, or, if lost, *renew* it.—EDITOR.)

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#### SCHOOL INSPECTOR TAYLOR, ST. THOMAS.

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**A**T the graduation exercises of the nurses' training school in connection with the St. Thomas Hospital, School Inspector Taylor said that he regretted that so few nurses sought places in the public schools, where dental and medical attendance were so essential. He criticized the backward stand of the Ontario school system in this respect, and that of all things a nurse was absolutely necessary in every school. He hoped that the day was not far distant when people would become so educated that they would recognize that the state had no legal right to place children in the public schools unless the conditions surrounding the schools were thoroughly sanitary. No child should be compelled to leave a sanitary home and be taught in an unsanitary building. Here lay the problem of the nurses. He predicted in a few years that the nurses would be as integral a part of the public school system as the duly certificated teacher to-day.

Inspector Taylor has ever shown himself to be most progressive and thoroughly abreast of the latest and best thought in relation to the health of school children and the great influence that good health bears to general advancement. Furthermore, Inspector Taylor has ever accorded a prominent place to mouth health in any of his plans for raising the physical efficiency of the scholars in his district.

More strength to your strong right arm, Inspector Taylor!

# ANNUAL REPORT OF THE EDUCATIONAL COMMITTEE OF THE ONTARIO DENTAL SOCIETY.

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## Executive Committee

Dr. Wallace Seccombe, Toronto, Chairman	Dr. R. J. Reade, Toronto Secretary-Treasurer
Dr. Mark G. McElhinney, Ottawa	Dr. A. A. Smith, Cornwall
" A. J. McDonagh, Toronto	" J. A. Bothwell, Stratford
" F. T. Coghlan, Guelph	" W. J. Bruce, Kincardine
" F. E. Bennett, St. Thomas	" Oliver Martin, Ottawa
" R. G. McLaughlin, Toronto	" A. E. Ahrens, Stratford
" George Parker, Guelph	" W. C. Gowan, Peterborough

## Elgin Educational Committee

Dr. F. E. Bennett, St. Thomas, Chairman	Dr. H. H. Way, St. Thomas, Secretary
" C. C. Lumley	" T. C. Trigger

## Guelph Educational Committee

Dr. George Parker, Chairman	Dr. F. T. Coghlan, Secretary
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## Ottawa Educational Committee

Dr. Oliver Martin, Ottawa, Chairman	Dr. M. G. McElhinney, Ottawa, Secretary
" L. E. Stanley	" W. R. Greene
" C. H. Juvet	" J. J. Lacey
" W. C. McCartney	" A. F. McCordick

## Peterborough Educational Committee

Dr. W. C. Gowan, Peterborough, Chairman	Dr. W. T. Holloway, Peterborough, Secretary
Dr. Middleton	

## Stratford Educational Committee

Dr. A. E. Ahrens, Stratford, Chairman	Dr. J. A. Bothwell, Stratford, Secretary
" S. B. Gray	

## Toronto Educational Committee

Dr. R. G. McLaughlin, Chairman	Dr. Horace, Eaton, Treasurer
" C. A. Kennedy, Secretary	" G. M. Sutherland
" F. J. Conboy	" R. J. Reade
" W. H. Doherty	" A. E. Webster
" E. W. Paul	" Wallace Seccombe
" T. N. McGill	

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### *To the Members of the Ontario Dental Society:*

At the last meeting of the Ontario Dental Society, held June, 1910, the following Educational Committee was appointed: Drs. Wallace Seccombe, Toronto; A. J. McDonagh, Toronto; Mark G. McElhinney, Ottawa; A. A. Smith, Cornwall; J. A. Bothwell, Stratford; F. T. Coghlan, Guelph; W. J. Bruce, Kincardine; R. J. Reade, Toronto, and W. C. Gowan, Peterborough.

The Committee beg leave to present the following report of their work.

Dr. Wallace Seccombe was re-elected Chairman and Dr. R. J. Reade Secretary-Treasurer. There were nine meetings held during the year.

The educational work was carried on throughout the Province by the appointment of sub-committees. The local Societies throughout Ontario were asked to nominate a committee to take charge of dental educational matters in their district. The committees so nominated were to be appointed as sub-committees to the general Educational Committee.

In order to bring these different committees in touch with the Executive Committee it was decided that the chairmen of all local committees appointed by the Educational Committee of the Ontario Dental Society be ex-officio members of the Executive of the Provincial Committee.

There were sub-committees appointed from the Elgin Dental Society, Toronto Dental Society, Ottawa Dental Society, Stratford Dental Society, Peterborough Dental Society, and Guelph Dental Society. The officers of these different Societies will be found in the report before you now.

Your Committee received a suggestion from Dr. W. E. Ogden, of the staff of the Sanitarium of Gravenhurst, to have a dentist appointed on the medical staff. The question was considered by your Committee and the possibility of such an appointment discussed. Mr. W. J. Gage, who to a great extent manages the finances of the institution, was seen regarding the matter. He expressed his appreciation of the condition, and intimated that in the re-arrangement of the finances of the institution this question of dental treatment would receive one of the first considerations.

During the year the Committee needed financial assistance to carry on the work successfully. There was a suggestion that the Canadian Oral Prophylactic Association should supply the Ontario Dental Educational Committee with funds to cover expenses of educational work. The question of the amount of funds and the relation that the Canadian Oral Prophylactic Association would bear to the Ontario Dental Educational Committee was briefly discussed. It was arranged that the Executives of the two associations should meet and discuss the subject. As a result of the meeting it was agreed that the best interests of educational work would be served if there was but one central body to which all inquiries and requests for assistance should be addressed. This was to prevent confusion as to the method of campaign, and also



to prevent overlapping of financial assistance. On the foregoing understanding it was decided to ask the Canadian Oral Prophylactic Association for the sum of \$75.

In the different parts of Ontario lectures were being delivered to nurses in training. It was thought that a great good would result if the lectures were as uniform as the individuality of the lecturers would allow. Therefore Dr. R. G. McLaughlin undertook to prepare an outline of lectures to the nurses in training. These were printed and sent to the different sub-committees throughout the Province.

Your Committee during the past year has collected a number of lantern slides and charts, for the purpose of making the lectures more intelligible to the audience. These lantern slides are for the use of the lecturers throughout the Province of Ontario.

Since our last report the Ontario Department of Agriculture has issued the pamphlet prepared by your Committee, entitled "The Teeth and Their Care," and known as Bulletin No. 181. Forty thousand copies were printed, and have been widely distributed, every dentist in Ontario receiving a number of copies to give to his patients.

At the present time your Committee also have on hand the preparation of another pamphlet to be published by the Ontario Department of Agriculture. The draft of this pamphlet on "Prevention of Decay of the Teeth" is being prepared by Dr. A. A. Stewart.

A letter was sent to the Board of Directors of the Royal College of Dental Surgeons at its last annual meeting in May, 1911, placing before the Directors a short account of the work accomplished by your Committee. The Board considered it advisable to help on the work and acknowledge the Committee by donating to it the sum of \$100. This support will be of great advantage. This Committee begs to suggest that the Ontario Dental Society donate a like sum.

Regarding the appointment of this Committee: In view of the great importance of the work of this Committee, your Committee begs to suggest that its appointment be undertaken only after careful consideration by this convention, and recommends that the Committee be composed of the chairman of each local Educational Committee and five members of the O. D. S. residing in such proximity to one another that they may conveniently meet from time to time. These five, in addition to the foregoing, to be the Executive of the Educational Committee.

The subjoined reports of the various committees show the important work being carried on in Ontario by means of the Ontario Dental Society.

In the various hospitals the nurses in training are receiving lectures. This is a very fruitful source of spreading knowledge among the people, as the nurses go into many homes throughout the Province.

In the Normal Schools lectures have been delivered to the teachers in training. This also is a very important feature of the educational work, as those teachers impart the knowledge to the pupils.

With regard to dental inspection of schools, more work has been accomplished along these lines than last year. The results of these examinations show an unsatisfactory and serious condition menacing the health of the children.

The showing of these examinations will have two very important effects, first, the appointment of School Dental Inspectors, and secondly, the establishment of Free Dental Clinics for the poor, maintained by the Government.

Complaint has been made to your Committee that some dentists to whom children have been sent by school nurses have sent the children away, ignoring entirely the necessity for the work. Your Committee recommends that dentists who do not wish to work for children, or who are too busy to work for them, should refer such patients to some other practitioner who would undertake this very important work.

Your Committee feel much encouraged with the results of the work of the past year. The people seem quite ready to approve of the efforts being made on their behalf. Also those in authority seem ready to help the cause of dental education and to attend to the wants of the needy.

And we feel that conditions are such that the Educational Committee will be able to accomplish much for the people during the coming year.

All of which is respectfully submitted.

WALLACE SECCOMBE,  
Chairman.

ROBERT J. READE,  
Secretary.

Toronto, May 31st, 1911.

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#### REPORT OF THE TORONTO COMMITTEE.

Members—Drs. W. H. Doherty, Wallace Seecombe, A. E. Webster, R. J. Reade, H. E. Eaton, F. J. Conboy, T. N. McGill, G. M. Sutherland, C. A. Kennedy, R. G. McLaughlin.

The Toronto Branch of the Ontario Educational Committee has succeeded in packing into the first year of its existence a good deal of hard practical work, which it is hoped will be crowned with at least



a measure of success. Born in a large city, filled to the brim with opportunities and needs, waiting the action of just such an organization, the members soon found ample scope for energetic action.

The Committee, as above indicated, is composed of ten members, as suggested by the Toronto Dental Society.

At their first, or organization meeting, the members took a careful survey of the whole city, marking the different institutions where dental education was most in need. As a result the work for the year was divided into five departments, with a sub-committee in charge of each.

The Committee on Lectures to Nurses was instructed to arrange, if possible, with the different hospitals and deaconesses' homes for a course of lectures on dental hygiene to be given at these institutions.

The Normal School Committee was asked to arrange for similar lectures to the students in attendance.

The Hospital Clinic Committee had for its goal the appointment of a dentist on the regular medical staff of each hospital in the city.

The Publicity Committee was appointed for the purpose of having published in the daily press and important magazines suitable articles for educating the public on the importance and care of the teeth.

Space forbids giving anything like a full account of the work accomplished by these different committees. We will, therefore, be as brief as justice to those engaged in the campaign will allow.

The Public School Committee took up its work with a two-fold object in view: First, to demonstrate to the School Board the deplorable condition of the mouths and teeth of the children in our schools. Second, the appointment of a dentist to the medical school inspection staff of this city. Already in both their efforts the Committee has been successful. The Board of Education was induced to allow the dental profession to conduct an examination of the children's mouths in two representative schools of the city. The results as shown by this examination were so appalling that when brought before the members of the School Board at a supper meeting of the Toronto Dental Society every member was convinced that definite and immediate steps should be taken to remedy this evil. Quite early in the present year the newly-appointed School Board took the matter into consideration, and the sum of \$1,200 was set apart for this purpose. Subsequently Dr. W. H. Doherty was appointed to the position of Dental Inspector of the Public Schools of Toronto.

Immediately after the appointment of Dr. Doherty the Committee took up the matter of having the city establish a dental clinic where



the poor children of our schools and city could have their teeth properly cared for. The plan suggested by the Educational Committee to the different charitable organizations that became interested in the matter was to have one central clinic established under the control of the Medical Health Department, the cost of maintenance to be assumed by the city. The plan was laid before the Board of Control and at the writing of this report is being considered by that body.

Another important feature of our work has been the arrangement of a course of lectures on dental hygiene to the nurses in training at the different hospitals. This part of the work has met with much encouragement. The number of hospitals and educational institutions willing, and in some cases eager, for these lectures multiplied so rapidly that at the time of writing we have at work a staff of ten lecturers, each having charge of his own particular institution. This improvised faculty, when first appointed, met in conference and drew up a "Suggested Course of Lectures to Nurses," which is merely an outline to be followed by the lecturers on the staff. The Ontario Educational Committee has, after making some changes, adopted this outline for provincial use.

The Hospital Clinic Committee has already succeeded in having a dentist appointed to the regular staff of the General Hospital, and also placing on a more desirable and practical basis the dental appointment to the staff of the Hospital for Sick Children.

We might go on and speak more fully of the work done in connection with the Normal School and Publicity Committees, but space forbids. Let us, however, say in conclusion that even the short distance we have travelled in this educational campaign has called for much time and labor from many of the busy men of our profession in Toronto.

R. G. McLAUGHLIN,  
Chairman.

C. ANGUS KENNEDY,  
Secretary.

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#### REPORT OF THE ELGIN COMMITTEE.

During the past year the services of Dr. J. W. Dowd, of Toledo, were secured to lecture to the school children and citizens of St. Thomas.

Arrangements were made by the Committee with the School Board of the city to allow the teachers and scholars an opportunity of hearing this noted educationalist deliver his lecture. The schools were dismissed early in the afternoon and the pupils marched in a body to the Granite Rink, fully two thousand being present to hear the speaker on this timely subject.

This lecture was fully illustrated by charts and models.

In the evening a large gathering of representative citizens assembled in the same building to hear Dr. Dowd give a similar lecture, illustrated by stereopticon views.

As a result of Dr. Dowd's lecture the public have taken a much greater interest in the value of the teeth and their care.

Efforts were made shortly after the lecture to bring about school inspection of the teeth, and for a while things looked very favorable to the appointment of a nurse who would make a general dental and medical inspection, but, owing to increased expenditure of school maintenance, the Board did not take any decided action for the present. However, with public opinion gradually shaping itself in our favor we hope that dental inspection will be a reality before long.

School Inspector Taylor is very much in sympathy with our work and does a good deal of dental inspection among the schools of the district and keeps himself well posted on oral hygiene. Mr. Taylor, with the co-operation of Dr. Crane, M. H. O. of Dunswich Township, will very shortly have dental and medical inspection in that district.

Our local newspapers have given us splendid support by publishing any matter relating to our educational work. Our members have distributed several hundred pamphlets throughout the city and county. These are the pamphlets issued by the Ontario Agricultural Department for the Ontario Educational Committee, entitled "The Teeth and Their Care."

We hope within another year to have secured dental inspection throughout the city, and we are also contemplating a still greater campaign of education next year.

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#### REPORT OF STRATFORD COMMITTEE.

During the year a branch of the Ontario Educational Committee has been formed here. Dr. A. E. Ahrens was elected chairman and Dr. J. A. Bothwell Secretary.

Dr. Bothwell has again delivered lectures to the students in training at the Normal School.

A Committee from the Association met the Hospital Board to discuss with them the question of having a dentist appointed on the lecturing staff to the nurses in training. The Association has since been asked to appoint one, and Dr. D'Arcy Nethereott was appointed and has already given lectures to the nurses.

Largely as a result of the agitation of two of our members, Drs. Eidt and Bothwell, who are on the Public School Board, the Board



has been induced to take up the matter of medical inspection in the schools. A nurse has been appointed, whose duties will commence on Sept. 1st next.

As a result of an interview between our Secretary and the Secretary of the Perth Teachers' Association, we have been asked to appoint one of our members to address the Association at their meeting in the fall. We think that the public are becoming awakened to the necessity of more care of the dental organs.

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#### REPORT OF THE GUELPH COMMITTEE.

Lectures have been delivered in St. Joseph's Hospital, Guelph, to the nurses in training. After the course of lectures examinations were given to the nurses. The results of these examinations were very satisfactory. It is altogether probable that in the autumn some provision will be made to have a course of instruction given to the nurses in training at the General Hospital.

Dr. W. H. Doherty, Public School Dental Inspector of Toronto, was invited to lecture to the students in the Guelph Agricultural College.

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#### REPORT OF THE KINCARDINE COMMITTEE.

Dr. W. J. Bruce writes: "I might say in reply that lectures have been given to the Woman's Institute, Teachers' Convention and nurses in training at the hospital. Literature has been distributed throughout the section and a general campaign has been kept up for nearly two years. It is now beginning to show good results, and we hope for good things in the future."

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#### REPORT FROM CORNWALL.

Dr. A. A. Smith, of Cornwall, writes stating that addresses have been given to the school children in Cornwall. The School Board and Health Department do not as yet understand the value of attending to the teeth of the poor. Dr. Smith also expressed his satisfaction with Bulletin No. 181, and thought there should be a reprint for further distribution.

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Success is only for those who are willing to stand by their standards—who are ready to endure the siege of misjudgment—who are prepared to face the fire of criticism and to accept defeat until they become vaccinated against it. Most men who gave up would have arrived if they had kept up.—*Kaufman*.



## SOCIETY ANNOUNCEMENTS.

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### OFFICERS OF THE ELGIN DENTAL SOCIETY.

Election of officers of the Elgin Dental Society for the ensuing year resulted as follows: President, Dr. C. B. Taylor, St. Thomas; Vice-President, Dr. E. A. Clark, St. Thomas; Sec.-Treas., Dr. H. H. Way, St. Thomas. Educational Committee: Drs. F. E. Bennett (Chairman), T. C. Trigger and C. C. Lumley.

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### THE TORONTO EDUCATIONAL COMMITTEE.

The Toronto Educational Committee was appointed for the year 1911-12 as follows: Drs. Doherty, Webster, Kennedy, McLaughlin, Secombe, Eaton, McGill, Bothwell, Mason, Reade, Conboy. The committee met subsequently and elected Dr. R. G. McLaughlin, Chairman, and Dr. J. A. Bothwell, Secretary. Address all communications to J. A. Bothwell, D.D.S., 26 College St., Toronto.

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### THE ONTARIO DENTAL SOCIETY EDUCATIONAL COMMITTEE.

The Ontario Educational Committee met for organization on Wednesday, June 28th, 1911. The following members were present: Drs. Reade, Doherty, McLaughlin (Chairman Toronto Committee), McDonagh and Secombe. Officers were elected as follows: Chairman, Dr. Wallace Secombe; Secretary, Dr. R. J. Reade.

General plans for the coming year were discussed, and it was urged that all local committees throughout the Province should be appointed to hold office from June to June, so that the local committees would work uniformly and all annual reports be ready for submission to the Ontario Dental Society at its annual meeting. The chairman was asked to appoint a sub-committee on "Dental Education in Rural Schools." The Chairman and Secretary were delegated to receive Dr. A. A. Stewart's paper (under course of preparation for publication by the Government), and when complete to hand over same to the Government.

Dr. Doherty will, during the summer, make an examination of the teeth of patients in the Gravenhurst Sanitarium.

The committee adjourned to reassemble at the call of the chair.

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It may not be strictly true that merit always wins, but that hardly accounts for the wide berth some men seem bent upon giving it. Why not give merit a fair chance, anyhow?



This Department is Edited by C. A. KENNEDY, D.D.S.  
Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

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SEPARATOR FOR PLASTER IMPRESSIONS.—Use liquid silex, diluted with about six parts hot water. It may be applied cold to the impression immediately on its removal from the mouth; if the impression has become dry, immerse it in water before applying the separating fluid. It is not necessary to wait until the coating has become dry before making the model; the plaster may be placed in the impression immediately.—*Dental Cosmos*.

SYPHILIS.—From the standpoint of the dentist, syphilis is undoubtedly the most important and practical disease of the mouth with which he has to contend. There is no class of medical practitioners who, in my opinion, are so much in danger of accidental infection with syphilis as dentists; and this is on account of the mucous patches. Mucous patches are extremely insidious, because they may cause almost no pain and there may be no other easily found evidence of syphilis. They are highly contagious, and the dentist cannot be too careful in guarding against the possibility of danger from this source.—*W. A. Pusey, in D. D. S.*

PULP CANAL FILLING WITH SANDARAC VARNISH.—Use the varnish of a consistency that it will bead on the broach. To render it antiseptic add 2 per cent. of oil of cinnamon and the same of oil of cloves, dissolving them in alcohol before adding to the varnish. After properly preparing the canals for filling, fill them with alcohol as the last step in the cleansing, leaving a little of the alcohol remaining, apply the varnish, which, uniting with the alcohol, is drawn into the more restricted portions of the canals; then insert a gutta-percha point. As the varnish is not a solvent of gutta-percha, the point remains stiff, and will pass further into the canal than if chlora-percha or a solvent of gutta-percha was used. In some cases a point made of gum sandarac is used instead of a gutta-percha point.—*C. P. Pruyn, Dental Review*.



ROOT CANAL FILLING OF SANDARAC VARNISH AND GUTTA-PERCHA POINTS.—The varnish is cut with alcohol, to which oil of cloves and oil of cassia are added. After drying with alcohol and heat the canal is pumped full of varnish and a warm gutta-percha point is pushed into the canal. It is claimed that the varnish adheres to the walls of the canal while the chlora-percha draws.—*G. A. Aigley, Review.*

TO WET WHEEL WHILE GRINDING TEETH.—To keep stone wet while grinding teeth, affix a small piece of sponge by means of a rubber band to the middle finger. This is easily held in contact with the wheel and keeps wet as well as clean.—*R. H. Daniels (Review), Western Journal.*

CLEANING TRAYS.—Give trays a coat of sweet oil with woolen cloth dipped in oil. Put them in strong soapsuds, boil and wipe dry. Now polish with whiting by using a woolen cloth or fine leather. In this way you can keep your trays bright and clean, and plaster will not adhere to them.—*R. H. Daniels, Review, from Western Journal.*

TO MAKE A HARD PLASTER MODEL.—One part of Portland cement mixed with twenty parts of Plaster of Paris will make a perfectly hard model cast.—*Chemist and Druggist.*

ROOT CANAL TREATMENT AFTER LIVE PULPS HAVE BEEN REMOVED.—Thymol has not been used to the extent which its importance merits, although it is rapidly gaining favor with modern therapeutists. It is a constituent of many remedies for root canal treatment after live pulps have been removed. The author's phenol compound for this purpose contains menthol, 20 gr. (1.3 gm.); thymol, 40 gr. (2.6 gm.), and phenol (U.S.P.), 3 drams (12.0 cc.—*J. P. Buckley, Ph.G., D.D.S.*

TO SWAGE CUSPS.—In carving cusps for shell crowns where I wish to swage cusps, I make a band and fill with modelling clay (moldene), dust with lycopodium, and take an impression of them with dental lac. Then swage 32 gauge gold into the lac with a Coates' cusp swager, trim and fill cusps with gold solder.—*C. H. Chamberlain, The Dental Digest.*

ADVICE TO PATIENTS.—Tell your patient, when inserting a lower denture, that it is far more liable to irritate the membrane than an upper denture. That if it does irritate, "can't eat," to come at once for relief, but come with the teeth in the mouth and not in the pocket, so you can locate the irritated spot. While it is easy to see, it is sometimes difficult to locate in the mouth. Place a little moist whiting on the spot with a spatula, put in the denture, and, on removing, you have it located on the plate. Relieve with small carborundum.—*L. P. Haskell, Dental Review.*



# ORAL HEALTH

EDITOR — — WALLACE SECCOMBE, D.D.S., TORONTO, ONT.

ASSOCIATE EDITOR — GEORGE K. THOMSON, D.D.S., HALIFAX, N.S.

A Monthly Journal devoted to the interests of the Dental Profession, and to the furtherance of Public Health through the education of the Public in relation to Oral Hygiene. Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

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Vol. 1

TORONTO, JULY, 1911.

7.

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## EDITORIAL.

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### CERTIFICATION OF TEACHER'S ABSENCE FROM SCHOOL THROUGH DENTAL ILLNESS.

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**I**N last issue attention was drawn to the fact that the Ontario Education Department had made it possible for local School Boards to accept a dentist's certificate of illness in case of a teacher's absence from school.

Dr. Fred Conboy moved in the matter, in so far as it relates to Toronto, at the last meeting of the Board of Education. Dr. Conboy has made a splendid record on the Board, and the dental profession is to be congratulated upon having one of its number taking such a prominent part in educational affairs.

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### RAISING THE STATUS OF DENTISTRY.

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**I**T is surprising how many intelligent people still have the notion that cavities of decay and lost teeth bring joy to the dentist's heart. Public dental education has not only given much-needed instruction to the public in the prevention of decay, but has also clearly shown that dentistry delights in a healthy hygienic mouth, rather than in decayed and lost teeth. As the public come to realize that the dental profession stands for *health* rather than *disease* and for *prevention* rather than *cure*, dentistry will be more generously accorded the high place it rightly deserves among the scientific professions.

Thus public dental education has done much during the past few years to raise the status of dentistry and will, no doubt, continue to be a large factor in raising the public's estimation of the dental profession.

W. S.



*W. H. Black, D.D.S.*

Sydney, N.S.

President-Elect,       -       -       -       Nova Scotia Dental Association.

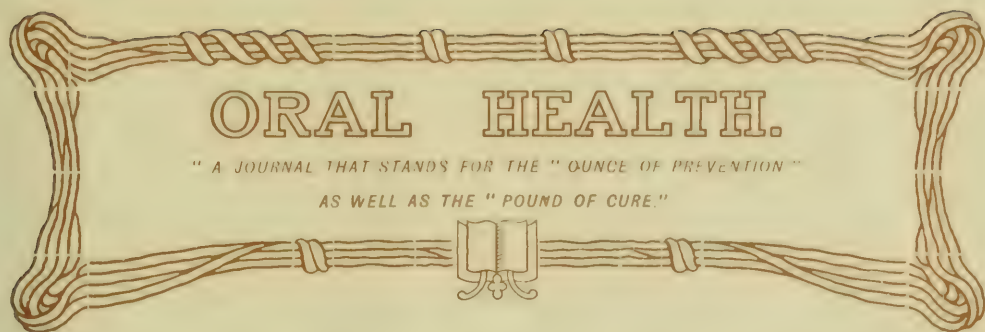
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Vol. 1

TORONTO, AUGUST, 1911.

No 8.

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## \* DENTAL EDUCATION OF THE PUBLIC.

BY WALLACE SECCOMBE, D.D.S.

THE dental profession has long recognized the public need for instruction in oral hygiene.

Indications are that the public itself has now come to recognize this great need. Pamphlets and other literature upon the subject are eagerly read, and dentists are frequently invited to deliver lectures to nurses, teachers' conventions and other assemblies. It is incumbent upon the dental profession to plan an intelligent propaganda of public dental education and carry it to successful issue by an aggressive campaign. This is the psychological moment.

Canada is to-day building the foundation of a great nation. 208,794 souls emigrated to her shores last year. With such an influx of people—who know not oral hygiene—there is no country where a campaign of dental instruction is more necessary, or more opportune, than in Canada to-day. One cannot conceive of any other effort that would give such an impetus to good citizenship, raise the health standard and increase self-respect as would a campaign for clean mouths, wisely and energetically carried on, from end to end of the country.

The subject of Canadian immigration raises an important ques-

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\*Read before the Eastern Ontario Dental Society, July 20th, 1911.

tion which might be mentioned in passing. The great influx of Canadian settlers, whose numbers are increasing from year to year, will necessitate in the years to come, a large increase in the number of dental practitioners. Of the total immigration, but a fraction of one per cent. represents the number who are qualified to practise dentistry. It is clearly the duty of the dental profession to provide for the certain demand for dentists that must be met in Canada five years hence. Of necessity the older Provinces will be largely called upon to supply this demand. Thus it becomes the duty of every dentist to direct the attention of worthy young men to the study of dentistry. The dental profession needs, and is worthy of, the best and brightest minds the country has to offer, that the many unsolved problems of the profession may the more speedily be mastered. Practically the whole subject of "Prevention" lies before the young man with aptitude for research work, and who desires to be of service to his fellowman. The future of dentistry must not be left to haphazard choice. It is one of the privileges of the profession of to-day, to largely choose its successor of to-morrow. Put your impress upon the dentistry of the future, by directing into its ranks those who will render good service and honor the profession's good name.

A campaign of public dental instruction will not only have a marked effect upon the race and upon good citizenship, but will also raise the status of the dental profession itself. It will show the people that dentistry stands for "Prevention" as well as "Cure," and that the modern dental practitioner seeks to practise the "Science of Health" rather than the "Science of Disease."

A brief outline of the possible subjects embraced in such a campaign would be as follows:

- (1) The proper use and intrinsic value of the teeth themselves.
- (2) The fact that good teeth are essential to good health.
- (3) The grave dangers of infection that lurk in diseased teeth and roots.
- (4) The proper care of the teeth and the prevention of decay.
- (5) The relationship between temporary and permanent teeth and a general discussion of diseased conditions of the teeth and gums.

In the direction of this campaign the most important work may be accomplished through the children. The hope of the situation is in the child of to-day, and the child can best be reached through the school. Dental instruction must be given in every school to the

end that dental disease may, as far as possible, be prevented. Plans of work must of course embrace rural as well as urban schools. The following points are worthy of consideration in arranging plans for school instruction:

(1) *The Text-Book*.—If intelligent instruction is to be given, the first requisite is a proper text-book. In many of the Provinces, the text-books in use are entirely out of date. Ontario's new physiology is greatly in advance of the previous one, and particularly so on the subject of the teeth and their proper care.

(2) *The Teacher*.—The text-book must be in the hands of a properly instructed teacher. Graduate teachers may be reached through conventions or by distribution of pamphlets and other literature. Undergraduates may be reached during the normal course, and should receive more complete instruction than is afforded by the present course.

(3) *Methods of School Instruction*.—These are of necessity varied according to age and local conditions. A periodical "Tooth Brush Drill" has been found most helpful.

School timetables provide barely sufficient time for the general subject of physiology. Thus little attention is devoted to oral hygiene. However, a great deal of instruction may be given by introducing it into the regular school work. For example, suitable material on the subject of oral hygiene might be prepared for use during the reading hour—and for the drawing hour, a motto with scroll border might be provided to be used as drawing "copy." Such a motto might contain the words:

"Clean teeth do not decay" or

"Good Teeth—Good Health" or

"Resolved, that I will care for my teeth daily."

These words might also be used as copy for a writing exercise. If some such words were incorporated in the authorized writing and drawing books, the whole matter would be arranged at a stroke.

(4) *Charts*.—A set of comprehensive charts would be of great assistance to the teacher and should be in every school.

(5) *The School Nurse*.—It has been frequently predicted that in the next few years every school section will have its school nurse. Oral hygiene is one of the important activities of the school nurse, and with the aid of a properly instructed and sympathetic teaching staff, the school nurse can accomplish much.

(6) *Dental Inspectors*.—Dental inspectors are already an assured fact. Toronto has its Dental Inspector, as should also every



large town and city. To meet the needs in rural districts, the education department ought to provide dental inspectors, each having jurisdiction over a section of the Province. Periodical visitation of the schools could thus be made, and in addition to dental inspection would supply enthusiasm and direct the activity of the teacher.

(7) *Co-operation of the Parents.*—Co-operation with the home is essential. This may be secured by lectures at Mothers' Meetings, Literature and Home Visitation.

If dentists and teachers will but talk these matters over, it will be found that many other plans will suggest themselves. Work among school children will yield a glorious harvest in the years to come.

The ban has already been placed upon the common drinking cup in schools—but the teeth are left to decay, discharge pus, and contaminate the air. The public drinking cup certainly ought to go, but first things ought to be first. The child with unclean boots is sent home from school, but his companion with unclean teeth, tainted breath, and a mouth laden with dangerous disease germs, with consequent danger of infection, is allowed to remain. Again it may be said with even greater fervor—first things ought to be first.

Time permits to merely mention some of the activities that would seem to fall within the province of government and official bodies. Reforms are secured only after much public discussion. It is the duty of the dental profession to mould public opinion on these matters in order that official bodies may be moved to action. It would seem reasonable to expect these bodies to undertake the following:

(a) *The Federal Government.*

- (1) The Dominion Conservation Commission to investigate and report upon the relationship of oral hygiene to public health.
- (2) Government Dental Inspectors to be appointed to examine the mouths of all immigrants, and to see that every immigrant enters the country free from dental disease.
- (3) That the Government further develop the Army Dental Corps.

(b) *The Provincial Government.*

- (1) The issuance of pamphlets and other literature.

- (2) The appointment of dentists to care for the teeth of inmates of Government institutions.
  - (3) The appointment of Provincial Dental Inspectors for rural schools.
  - (4) The active co-operation of Provincial and Local Boards of Health.
- (c) *The Municipalities.*
- (1) The establishment and maintenance of public dental infirmaries.
  - (2) In urban municipalities, the appointment (through the local Board of Education) of Public School Dental Inspectors.
- (d) *Hospitals, Homes and Sanatoria.*

The appointment of a dentist to the staff, and adequate arrangement for instruction of the patients in the care of their teeth. Especially should this be urged in all sanatoria for the treatment of tuberculosis. Aside from the teeth being a source of tuberculosis infection, the treatment of this disease cannot be effected without properly masticated food, accomplished with clean teeth.

(e) *Medical Colleges.*

Every medical college should have a dentist on the staff that medical students may receive adequate instruction in matters relating to the teeth. The sympathy and co-operation of the family physician in the campaign for clean mouths is of inestimable value.

In all public lectures the most simple language possible should be used, avoiding all that is technical. Fundamental truths which might be considered by a dentist almost too insignificant to mention, will be best understood and most appreciated by a public audience.

Public instruction in oral hygiene leads naturally to the question of dental infirmaries for the poor. At the very outset it is desirable that it should be made abundantly clear that the establishment of free dental clinics is essentially a public problem. Such infirmaries are sometimes operated for a short time by enthusiastic and self-sacrificing practitioners. The educational value of such an undertaking is of course excellent, but the results cannot be permanent. The practice of dentistry is a most confining occupation, and consumes a vast amount of nervous energy. It is quite unfair for any municipality to expect a dental practitioner to spend hours that

ought properly to be given to physical recuperation in working gratuitously for the poor of the district. Dentists who have had opportunity to judge, are of the opinion that public dental infirmaries should be maintained either by endowment or by municipal grant. Thus only may lasting results be obtained. Philanthropists are readily interested in the equipment of such infirmaries when the municipalities are willing to undertake their maintenance.

Because of the almost insurmountable difficulty of finding operators for public infirmaries, the greater field of service at the moment is to direct public attention to the future prevention of conditions such as are present to-day. Thus would the stream be purified at its source. Prevention should be the key-note of the whole campaign.

Much progress has already been made by the profession in public dental instruction, but it is a matter of regret that the vast majority of dental practitioners have as yet taken little active interest in the matter.

What is the matter with dentists, who, in spite of the great public need, sit back and do nothing? My earnest hope is that this question may be well answered in the discussion that is to follow the reading of this paper.

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#### DR. W. D. COWAN, HONORED.

Dr. W. D. Cowan, of Regina, Sask., President of the Canadian Dental Association, and Secretary of the Dominion Dental Council, has recently been elected President of the Saskatchewan Conservative Association.

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#### MEDICAL INSPECTION AT KINGSTON.

Following up a scheme for medical inspection of school children, the Board of Education appointed Miss Jean McCallum, Kingston, nurse in connection with the inspection, at a salary of \$600, her duties to commence in September next.

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A Pamphlet on Dentition, by Dr. William R. Woodbury Neurologist to the Boston Dispensary, contains the following statements:

"Dental cripples cannot get full value from food."

"A young woman with a neglected mouth finds it difficult to obtain and keep a good position in business and among her friends.

White even teeth add greatly to the attractiveness of any face.

They carry assurance of neatness and honesty—excellent recommendations."



# ANNUAL MEETING OF NOVA SCOTIA DENTAL SOCIETY

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**T**HE annual meeting of the Nova Scotia Dental Association and N. S., proved to be the best in the history of those bodies.

Dental Board held on 13th and 14th July, at New Glasgow, New Glasgow is an ideal convention town. The hotel accommodation being excellent, and places of interest numerous. The citizens are to be congratulated on the character and calibre of the members of the dental profession residing there. Their offices are far above the average dental office, and furnished with the latest appliances (electrical and other) for the modern practice of dentistry. Without neglecting their patients, they find time to devote to public and commercial affairs, and are much interested in all that pertains to the elevation of their profession. They are perfect hosts, and the entertainment provided for the visitors will not soon be forgotten. Prominent members of the medical profession and commercial enterprises joined them in the motor boat excursion on the beautiful East River to Pictou Landing, where the ladies provided a most excellent repast. An ideal form of entertainment for dental conventions.

Returning to town at 8.30, a number of the visitors attended the church fair, while others were entertained in various ways at the club and elsewhere.

Features of the business meetings were the President's address, papers by Drs. Dunbar, Woodbury, and stereopticon lecture by Dr. Thomson.

Clinics on casting aluminum plates by Drs. Dunbar, Wright and Mr. Winder, representing Ash & Sons, were very successful, and showed conclusively the practicability of the appliances.

Dr. F. W. Sawyer, from the United States, demonstrated some original and very practical methods of making all porcelain jacket crowns from detachable pin crowns without baking in furnace. His methods of utilizing diatoric teeth in bridge work, both forummies and abutments, were well worth witnessing, and will no doubt be employed by those who were fortunate enough to learn them.

The clinics by Drs. Oxner, Macdonald and Cunningham were

also of great interest, and showed that these men have advanced ideas, which they are willing to demonstrate on occasions of this kind.

From a professional standpoint, the paper on "Epulis" with reports of cases, by Dr. Frank Woodbury, of Halifax, was of greatest interest.

Models and drawings from the Maritime Dental College were exhibited, and proved very useful in describing Dr. Woodbury's cases. It is seldom that our members have the privilege of hearing a paper so full of interest and instruction on a subject rarely presented.

The reports from the Dental Board and Maritime Dental College, with copies of calendar for 1911-12 and copies of the new dental acts, showed the college to be in a flourishing condition, with prospects of doubling the number of students and graduating a class of four next year.

The legislation in the new dental act is probably the most advanced in the dental world.

The members of the Association and Board showed their appreciation of Dean Woodbury's successful efforts in the establishment of the college and the enactment of new legislation by a vote of thanks.

The report of committee on the dental education of the public and school children showed considerable activity and work in this direction during the year.

Recommendations for continuing the work along practically the same lines as formerly were unanimously adopted. A central committee of five members, resident in Halifax, to be called "The Dental Education Committee," with local committees in the larger cities and towns of N. S. will carry on the work.

This central committee will have power to purchase and borrow slides, charts, etc., for lecture purpose, censor articles for publication, and make arrangements, financial and other, with societies willing to co-operate.

More attention will be paid to illustrated lectures, and publication of popular dental literature.

The committee mentioned particularly their appreciation of the assistance rendered by the C. O. P. A. in loaning lantern slides and exhibits, and a vote of thanks to the C. O. P. A. and Halifax Dental Society was passed. The members of central and local committees appointed last year were re-elected.

On Thursday evening the meeting was thrown open to the public and afforded another proof of the influence of the men of dentistry in New Glasgow.

Representatives of the municipality, clergy, medical, nursing and teaching professions were present, as well as a number of children. The mayor gave a very appropriate address of welcome, to which Dr. W. H. Black, the new President from Sydney, C. B., responded. This was followed by Dr. Wright's presidential address, which on account of its interest to the public, he had been requested to repeat on this occasion. Then followed Dr. Thomson's stereoptican lecture on Oral Hygiene, for which the public meeting had been arranged. On the conclusion of the lecture a spirited discussion by members of the medical and dental professions resulting in a vote of thanks and a unanimous resolution that the care of the teeth of the public and school children is most important and is a great factor in the prevention of tuberculosis and other systemic diseases, and recommending the establishment of free dental clinics in all the towns of Nova Scotia.

Pamphlets furnished by the C. O. P. A. were distributed among the audience.

At the Friday morning session of the Association a resolution of some importance to the dental profession in Canada was passed, viz.:

"It is the opinion of the Nova Scotia Dental Association that the status of the dental surgeon in the Canadian militia is not as high as his importance deserves, and the members here assembled respectfully recommend that he be granted the same rank and privileges as the M.D. in the militia, but his command limited to the dental corps."

*The Daily News* of New Glasgow was very kind in reporting all the meetings and devoting an editorial to the subject of Oral Hygiene from the layman's standpoint. Altogether the workers in the Nova Scotia Association feel greatly encouraged by the interest displayed at its 21st annual meeting, and hope that the new members, particularly, who were present for the first time, will take an active interest.

The Executive Committee recommended that a joint meeting of the N. B., P. E. I. and N. S. Associations be held in 1912, when we will expect a visit from some of our upper Canadian brethren.

G. K. T.



## PUBLIC LECTURE ON ORAL HYGIENE

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**T**HE following is taken from an article which appeared in the *New Glasgow Evening Mail* of 15th July, 1911, under the heading, "The Advance of Dental Hygiene":

The president called on the lecturer, Dr. George K. Thomson, of Halifax, N. S., and the audience listened to an address on dental hygiene, illustrative and instructive. Starting with the history of dental hygiene, Dr. Thomson gave the origin and history of the educational movement which started in 1885 in Strasburg, Germany, and has made such strides since Dr. Jessen's time, when his campaign was coldly received until now, when there are forty clinics. He showed that in England there were 20,000 girls and 30,000 boys in the industrial schools alone, and that since the introduction of dental hygiene the number of boys who failed to pass into the services on account of bad teeth had greatly decreased.

Coming to Canada, Dr. Thomson said it was in 1908 that the first examination of school children was held.

Dealing with the economical side of the question Dr. Thomson said careful estimates revealed the fact that it costs New York \$800,000 extra each year for educational expenses of children who lose from six months to one year in the course of their school curriculum. It therefore pays a municipality to instruct children in oral hygiene and provide clinics or infirmaries for the poor.

At the close of the address it was resolved that the care of the teeth of the public and school children is most important and is an important factor in the prevention of tuberculosis and other serious diseases, and it is hereby recommended that free dental clinics be established in all the cities and towns.

# TORONTO AND BUFFALO JOINT PICNIC

## JUNE 24, 1911, AT

### NIAGARA-ON-THE-LAKE.

**I**N the belief that the city dentists are a sociable lot of fellows, it was decided to have a picnic to Niagara-on-the-Lake on Saturday, June 24th, inviting all the dentists of Toronto, their wives and sweethearts to come and make it one day's "solid fun and amusement."

The weather on the morning of the 24th was fine and cool, and those who were at the wharf early, found Gus Kennedy and George Grieve already there to give them a welcome. This time it was boat tickets, not convention badges, that Gus was handing out, and though Gus is an optimist, I reckon even he was surprised at the large number who came over on the nine o'clock boat. The married men brought their wives (yes, their own), but the single men fell down badly as regards sweethearts. They seemed a pretty good looking lot of men too, and certainly will have to do better on this score next time.

The sail across the lake was very pleasant, in spite of a stiff east wind, and the time seemed very short in getting to Niagara.

Lieutenant Charlie Corrigan was there on the wharf, wearing the service khaki of the Army Service Corps. He had a transport wagon at the dock and offered to take the party to the Queen's in it, but I guess he did not expect such a crowd. Next time bring along a whole transport section, Charlie, and we'll accept.

After luncheon at the Queen's Royal we all went up to the golf links, and here the real fun of the day was enjoyed. A programme of games sufficiently varied to bring joy to the heart of the athlete, and renew the youth of the weary was run off. And by the way, what was the matter with the Buffalo Society which was to join us in our day's fun? The President and a few of its members were there, but few, very few indeed.

When entries were called for the first race, the "100 yards dash," the starters were nearly swamped by the rush of entries—never knew we had so many sprinters in our profession. They were as skittish at the starting time as a lot of colts, and had to be brought back half a dozen times for making false starts. When

they did get away Brother Hardy soon took the lead and kept it with Brown in second place. Time, 8 1-45 seconds, a world's record. This time is unofficial, but only so through an oversight, the C. A. A. U. representative not happening to be on the field at the moment to check the reckoning. If at all skeptical ask Grieve or Graham or any other man who was in the race, and he will tell you that he at least is quite sure that he broke all records.

The potato race, which was next, had so many entries that it had to be run off in heats. It was a warm contest and Paul was the winner. He is accused of looking for the three smallest potatoes in the lot and running for them. I don't blame him if he did. Carmichael was leading almost to the finishing line when he spilled his last potato, which, with a football kick, he sent flying across the line, taking Thornton fairly in the superior max. Potatoes never hurt an Irishman yet, so A. W. was undamaged, but the potato was rendered hors-de-combat.

Next was a potato race for the ladies, no handicaps given or allowed for hobble skirts or high-heeled shoes. Mrs. Jordan finished first with the last potato safely balanced on the teaspoon and looking as if she were ready to carry it twice the distance. Mrs. W. Willmott was second, with the other ladies at varying distances in the rear, clutching frantically at refractory potatoe sthat would persist in rolling off the teaspoons.

The three-legged race was won by the family compact, Henderson and Paul, who "pulled" well together. Doherty and Bothwell were a close second. You see the latter pair are office partners, and no doubt have been practising this three-legged race game in their odd moments.

The fat man's race was the "piece-de-resistance" of the afternoon. As contestants had to weigh in at 175 pounds the entries were somewhat limited, but Wallace Seccombe, Albert Webster, John Kendal (?), of Buffalo, and Arnold Semple qualified. A. J. McDonagh and Geo. Grieve were disqualified, the committee believing them overweight. Starter Walter Willmott simply could not hold them, so eager were they to be off, and after several false starts Seccombe and A. E. got away and had a race to themselves. They refused to run again till they would see the "rare and valuable" prizes promised for the event, as they believed they were more rare than valuable. In the meantime Bob Henderson entered as a post entry and the race was run again. Bob proved a veritable dark horse, getting away quickly and winning in a walk. This, of



course, without intending to cast any aspersions on the running capabilities of the others. Semple seemed a "wee bit" overweight, but if he will drop bowling and take to tennis again he should be in the running next year.

The baseball match, Buffalo vs. Toronto, gave an opportunity for all to get busy. The real heavy hitter was G. B. Hardy, who knocked out a three bagger or home run every time he came to bat. Geo. Jordon also had a high batting average. Gus Kennedy smashed at the ball so hard that he well nigh dislocated his "molar plexus." If ever the bat had gotten away from him ther'd have been murder done sure. Umpire Spooner, Buffalo, was about to call Doherty out for running over third on his slide from second, but W. H. rose to the occasion, wiped the dust from off his ducks, held up third base, which he had taken the precaution to carry with him, so it was a safe steal. The score was 6—5 in favor of Toronto, when the game was called so that dinner might be served in time to permit those who had so arranged to return by the 6.30 boat.

One section of the dining room in Queen's Royal was reserved for the Toronto and Buffalo party. When we had reached the ice cream and coffee item on the menu, Dr. Thornton gave a stimulus to digestion—good fellowship—by making a very entertaining speech. He voiced the thought of all present when he referred to the pleasant day that had been spent, the satisfaction of fraternizing with our Buffalo friends, and the hope that this picnic would become at least an annual affair. In reference to the prizes which he had hoped to have the honor of presenting to the winners of the various events, he desired to explain that a description of the beauty and value of these prizes had reached London, and by Royal Command from King George they had been sent to London, there to be on exhibition during the Coronation. The word of the Marshal of the Royal Household had however been given that they would be returned immediately the Coronation proceedings were over, and he had no doubt that the committee would forward them promptly to the prize winners.

President Dr. Dickson of the Buffalo Society called upon Dr. Meyer to speak for the Buffalos. In a few words he told us how glad the Buffalo boys were to meet us, and what a lot they thought of us, and promised a larger turn out of his confreres if another picnic were held.

We surely will have to have another picnic. With the experience gained in this one the next one will surely be a hummer, so be prepared for the 1912 picnic.

JOHN E. RHIND.

# A STATEMENT SHOWING THE CONDITION OF THE TEETH OF SCHOOL CHILDREN

OF FROM FIVE TO SIX YEARS OF AGE ATTENDING  
TORONTO PUBLIC SCHOOLS.

**D**R. W. H. DOHERTY, Dental Inspector, recently examined 138 kindergarten children and found most astounding results. These are tabulated below.

The three schools examined are in different sections of the city, and, taken together, give a fair average of the mouth conditions of children of this age attending Toronto Public Schools. Of the number examined only 4 children were found whose teeth showed no decay. A very few of the children stated that a tooth-brush was used, but practically no case gave evidence of it:

	School		
	Elizabeth St.	Ryerson.	Lansdowne.
Number examined .....	55	50	33
Teeth painful .....	26	21	12
Abscesses .....	75	23	17
	in 32 mouths	in 19 mouths	in 9 mouths
Cavities in 6 year molars...	34	18	2
Cavities in temporary teeth	420	308	188
<i>Ability to Masticate—</i>			
Nil .....	11	13	7
Poor .....	20	5	2
Fair .....	11	15	13
Good .....	13	17	11
<i>Condition of Mouth—</i>			
Unclean .....	19	16	14
Fair .....	25	29	15
Comparatively clean ...	11	5	4
Irregular permanent teeth..	17	6	1
Temporary teeth lost prematurely .....	73	62	26

“To thine own self be true,  
And it will follow as night the day  
Thou canst not be false to any man.”

## OUR COVER DESIGN.

---

**W**E feel that it would not be amiss to give a word of explanation regarding the cover design of this magazine. It was designed to order after considerable thought, and was intended to speak for itself. However, it has been occasionally misunderstood by the casual observer.

The design as a whole represents a portal of Grecian architecture. The head-piece is engraved with the words "Good Health." The massive pillars which offer support are symbolical of the several sciences upon whose strength depend the maintenance of good health, namely: Dentistry, Medicine, Chemistry, Biology, Engineering and Sanitary Science.

Oral Health (Dentistry) is engraved upon the doorway as indicating the entrance to good health. There are many doorways leading to good health, but obviously it would be too great a task for one small magazine to undertake to assist in opening them all. We have chosen Dentistry for our endeavor, and hope that as the years go by the dental profession may open this door of health for many who would otherwise find it impossible to pass through the portal.

---

DEFINITION OF "THE SQUARE DEAL."—Practical equality of opportunity for all citizens, when we achieve it, will have two great results:

"First, every man will have a fair chance to make of himself all that in him lies, to reach the highest point to which his capacities, unassisted by special privilege of his own and unhampered by the special privileges of others, can carry him, and to get for himself and his family substantially what he has earned.

"Second, equality of opportunity means that the Commonwealth will get from every citizen the highest service of which he is capable. No man who carries the burden of special privileges of another can give the Commonwealth that service to which it is fairly entitled."—*From Mr. Roosevelt's speech at Osawatomie.*

---

Don't be a "knocker."

"You can't saw wood with a hammer."



## CANADIAN DENTAL COLLEGES.

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Maritime Dental College	-	Halifax, Nova Scotia
McGill Dental College	- -	Montreal, Quebec
Laval Dental College	- -	Montreal, Quebec
Royal College of Dental Surgeons		Toronto, Ontario

---

**I**T is true that science and learning know no country and that every Canadian rejoices in the good-fellowship and sincere fraternity existing between the Canadian dental profession and the dental profession of all other countries.

It is also true that Canada rejoices in the great strides that world-wide dental education and all dental colleges have made during the past ten years. But this does not lessen the intense love the loyal Canadian feels for his own educational institution with its excellent standard.

Canadian dental colleges have not only maintained the four-term course, but have ever stood for the highest standard of efficiency. Canadians look with pride upon their dental schools and feel that their graduates are worthy to stand alongside of the graduates of any dental college in the world.

During the next few months many opportunities will come to members of the profession to direct prospective dental students to one or other of our Canadian colleges. We owe it to ourselves, as well as to our colleges, to take advantage of all such opportunities and render what service we can.

---

From India comes this message:—

- “ If you would walk on water as on the unyielding ground;
- “ If you would fly through the air, as birds fly;
- “ If you would have your eyes open to see the spirits;
- “ If you would have your ears opened to hear the divine messages;
- “ If you would see clearly into the hearts of men, perceiving the false to be false and the true to be true;
- “ If you would command the sky and the earth and the sea,
- “ Live on the highest planes of thought and be much alone ”

## SOCIETY ANNOUNCEMENTS.

---

### OFFICERS OF DENTAL ASSOCIATION OF NOVA SCOTIA FOR 1911-12.

President.—Dr. W. H. Black, Sydney.

First Vice-President.—Dr. W. C. Oxner, Halifax.

Second Vice-President.—Dr. C. H. Craig, Amherst.

Secretary.—Dr. W. W. Woodbury, Halifax.

Executive Committee.—Above officers with Dr. W. H. H. Beckwith, Halifax, N.S.

Provincial Dental Board.—Dr. H. Woodbury, President, Halifax, N. S.; Dr. M. P. Harrington, Bridgewater, N. S.; Dr. A. C. Harding, Yarmouth, N. S.; Dr. M. K. Langille, Truro, N. S.; Dr. Geo. H. Fluck, Halifax, N. S.; Dr. F. W. Ryan, Halifax, N. S.; Dr. F. Woodbury, Halifax, N. S.; Dr. G. K. Thomson, Sec.-Registrar, Chronicle Building, Halifax, N. S.; Dr. A. W. Cogswell, Hon. Treasurer, Halifax, N. S.

Auditors.—Dr. S. G. Ritchie, Halifax; Dr. R. E. Macdonald, Halifax.

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### EASTERN ONTARIO DENTAL SOCIETY.

The Eastern Ontario Dental Society met in Kingston, Thursday and Friday, July 20 and 21st, 1911. The meetings were held in the British American Hotel, and were an entire success. Officers were elected as follows:

President.—Dr. R. J. Reade, Toronto.

Vice-President.—Dr. A. J. Morrow, Maxville.

Secretary-Treasurer.—Dr. W. C. Macartney, Ottawa.

Supervisor of Clinics.—Dr. W. R. Greene, Ottawa.

Membership and Ethics Committee.—Dr. A. A. Smith, Cornwall; Dr. E. M. Ely, Ottawa, and Dr. R. J. Reade, Toronto.

It was decided to hold the next meeting of the Association at the city of Ottawa.

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“Some men would rather not be called worldly wise. This is perhaps because they think of worldly wisdom as the opposite of spiritual wisdom and, therefore, something to be ashamed of. This is poor and false reasoning; the possession of wisdom isn't bad and can't be; it is only the misuse of it that's wrong.”



## MULTUM IN PARVO

This Department is Edited by C. A. KENNEDY, D.D.S.  
Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

---

GRINDING A SENSITIVE TOOTH.—When I want to grind a sensitive molar tooth, and the patient cannot stand the grinding pain, I take a knife-edge stone, make many notches on the occlusal surface of the tooth with interrupted touches of the stone and then I break these notches down with a heavy edge stone with less pain.—*M. H. Dirasonyan, Dental Review.*

A SUGGESTION ABOUT BASEPLATES.—When the base plate is returned to the cast and it is found that the palatine portion of the base plate is not in contact with the cast, the operator often attempts a readaptation of this part of the plate by pressing it down, and in so doing draws the impression of the occluding teeth nearer the centre of the mouth. When the denture is finished, the articulation of the artificial teeth with the natural is quite different from their arrangement on the articulator. No matter how much time you may spend in taking bites or articulating the teeth, there always follows a slight change in the articulation.—*C. B. Voight, Dental Summary.*

CEMENTING BANDS AND CROWNS.—Dry the tooth, paint with shellac varnish before applying cement. This gives adhesion and should cement dissolve, shellac preserves the tooth and prevents decay under the band.—*J. H. Pearce, Dental Review.*

TO QUIET A NERVOUS PATIENT.—The bromides of potassium, sodium and ammonium are valuable drugs in certain cases. Perhaps there is no drug which will quiet a nervous patient more readily, when the nervousness comes purely from fear and dread, than potassium bromide, which is the representative of this class.



In such cases, where it is deemed necessary, the following prescription will prove helpful:

R Potassii bromidi, - - - 5 jss (6.0 gm)  
Syrupi Sarsaparillae comp, - 5 iij (90.0cc) = m.

Sig.—Take a teaspoonful in water after meals the day before coming to office.

*J. P. Buckley, Dental Digest.*

WAX IMPRESSIONS.—In taking a wax impression for an inlay, shape the wax like a wedge so that one end of it may be placed over the entire gingival wall before any pressure is exerted. This will insure a perfect impression of the gingival margin.—*O. D. F. Davis, Dental Review.*

TO LOCATE ROOT CANALS.—To assist in locating the opening to a root canal which has been temporarily obliterated by the process of decay having entered the pulp chamber, moisten with alcohol and dry with warm air. The tooth structure turns white, but the entrance to the root canals is indicated by the small dark spot. This often saves time by cutting down the area to be explored.—*E. S. Best, Dental Review.*

CAUTION WITH HYDROGEN DIOXID IN PUTRESCENT PULP CANALS.—The use of hydrogen dioxid in putrescent pulp canals with large apical foramina is a prolific source of pericementitis, the expansion of the released oxygen forcing infectious matter through the apex. Hydrogen dioxid should never be used in the canal until mechanical measures have cleared it of the bulk of putrefactive matter, although it may be used with comparative safety in a well-opened pulp chamber. Unskilled instrumentation, by which infectious matter is pistoned through the apical foramen or an infected broach is passed through the foramen, may set up inflammation.—*G. E. Hunt, Dental Summary.*

TO PREVENT ROOT SPLITTING.—When preparing an incisor root for crowning, to lessen liability of its splitting, I insert two staples made of irido-platinum on the mesial and distal side of the pulp canal, drilling two small holes for each in sound dentin, connecting the two holes by a groove so that the staples do not interfere with setting the crown. They are thoroughly imbedded in cement when the crown is adjusted to place, strengthening the root as much as would a collar without any of the objectionable features associated with collar crowns.—*R. J. Seymore, Dental Brief.*

## **AN OPPORTUNITY**

**FOR BOTH THE RECENT GRADUATE AND  
OLDER PRACTITIONER**

- ¶ You may feel the need for some instruction in the *Later Methods of Dental Practice*.
- ¶ You may welcome an opportunity of going back to the model, after years of practice, and brushing up on the *Principles of Cavity Preparation*.
- ¶ You may appreciate having a complete *Modern Dental Library* placed at your disposal.

If so, you will plan to attend the

## **Practitioner's Course**

to be held in THE SCHOOL OF DENTISTRY, ROYAL COLLEGE OF DENTAL SURGEONS, TORONTO, from

**Tuesday, 29th August to Saturday, 9th Sept., 1911**

SINGLE FARE RATES on all Railways during Toronto Exhibition.

The Course will be a practical, helpful course, which you cannot afford to miss.

FEE FOR COURSE, \$20.00. To Resident Graduates of the Royal College of Dental Surgeons, who are not in arrears of Annual Fees, the course will be free of charge.

Certificates of Attendance issued to those who regularly attend the Sessions.

Register at once and mark the dates in your Appointment Book that the Committee may know how many to provide for. A Registration Fee of \$2 has been fixed.

---

COMMITTEE IN CHARGE—Wallace Secombe (Chairman), W. E. Willmott (Secretary), A. E. Webster, A. W. Thornton, W. E. Cummer.

# Hail! Hail! the Gang's All Here



HAMILTON DENTAL SOCIETY ON A FESTIVE OCCASION

A very enjoyable day was spent at Burlington a couple of weeks ago by the Hamilton Dental Society. The weather was ideal. The supper was excellent. Every member of the Society entered into the sports with the greatest zest. The prizes seemed to be greatly appreciated by the successful contestants.

The Guests by unanimous vote decided that the Hamilton Dentists are a group of jolly good fellows, and make most thoughtful and generous hosts.

*"A little nonsense now and then is relished by the best of men."*

---

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## DENTAL PRACTICE FOR SALE.

A Toronto Dental Practice for Sale. Receipts last year \$3000. Premises on Belt Line Car Route and Sub-let in such a way that rent of Dental apartments is but \$5 per month. Modern office Equipment. For quick sale and cash \$500.

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# ORAL HEALTH

EDITOR — — WALLACE SECCOMBE, D.D.S., TORONTO, ONT.

ASSOCIATE EDITOR — GEORGE K. THOMSON, D.D.S., HALIFAX, N.S.

A Monthly Journal devoted to the interests of the Dental Profession, and to the furtherance of Public Health through the education of the Public in relation to Oral Hygiene.

Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

SUBSCRIPTION PRICE - \$1.00 PER YEAR

*Original Communications, Book Reviews, Exchanges, Society Reports, Personal items and other correspondence should be addressed to the Editor, Lock Box 26, Toronto, Canada.*

*Subscriptions and all business communications should be addressed to the Publishers, Oral Health, Lock Box 26, Toronto, Canada.*

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Vol. 1

TORONTO, AUGUST, 1911.

No. 8

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## EDITORIAL.

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### R. C. D. S. SUMMER SESSION.

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**T**HE three months' summer session for students held at the Royal College of Dental Surgeons has just been concluded.

This course has been so successful that its permanency is assured.

Attendance at the summer session was accepted in lieu of office indentureship between the third and fourth year.

The course has been so appreciated by the students and has given such an opportunity for practice that the Board of Directors would make no mistake in making it compulsory.

---

### SCHOOL INSTRUCTION IN ORAL HYGIENE.

---

**A** MOST helpful discussion occurred at the recent meeting of the Eastern Ontario Dental Association on the subject of Public Dental Education.

It was generally conceded that the work of first importance was school instruction in oral hygiene. A resolution was prepared memorializing the Ontario Government to alter the present Normal course, that teachers in training be more efficiently instructed in this important subject. It was further urged that under an ideal arrangement the Government would appoint dental inspectors for rural schools, whose duty would be to give dental instruction and to supply impetus, enthusiasm and direction to the efforts of the teachers. Such inspectors might also be available for public lectures.

A suggestion was also made that the Provincial Educational Committee map out a definite uniform plan of work and send it to each practitioner in order that local dentists would feel more free to take the initiative in their respective districts and be assured that they were working in unison with the other dentists in the Province.

## Results of Examinations Dominion Dental Council

CLINICAL						PAPERS						
NAME	Operative Dentistry	Prosthetic Dentistry	Operative Dentistry	Prosthetic Dentistry	Orthodontia	Pathology and Therapeutics	Anaesthetics and Materia-Medica	Anatomy	Physiology, Histology and Bacteriology	Medicine and Surgery	Physics, Chemistry and Metallurgy	Jurisprudence and Ethics
Adams, J. L., -							73		50			
Allen, H. S., -							62	68	26		60	
Allan, J. C., -								80				
Brett, A. J., -			87	75	50					38		50
Brown, D. L., -								73				
Cowling, Thos., -							79				82	
Connolly, G. V., -								70	78			
Decker, R. S., -						51	88				83	
Dobson, W. J. M <sup>1</sup> L., -								65			62	
Frank, R. W., -												
Gilroy, W. H., -			75	63	55	62		51		60		
Hughes, W. E., -								57				
Haynes, W. T., -				76		80		69		59		
Kerr Roy, -							76	71	55		53	
Lackner, W. S., -	84	82	75	75	61	63				58		63
Liscumbe, G. A., -							75		33		57	
Lumsden, J. H., -								50				
Leatherdale, W., -								75				
McLaughlin, W. H., -								64				
McCarten, D. A., -								66	51			
Madill, W. S., -			75	60	54	69.5				46		
Moore, M. L., -	80	77	76	57	57	54	63		42		51	63
McBride, C. A., -	90	90	70	71	50	53	69	63	30	41	57	50
McKay, H. B., -	78	80	78	81	56	64.5				50		59
Merkeley, H. J., -	95	90	74	69	45	65	82	69	68	46	59	56
Manning, W. G., -					42	58	66		46			
McPherson, A. D., -								70				
McDougall, J. S., -	85	85	80	76	55	59.5	69	55	39	50	60	52
Minns, C. R., -								74				
Purdom, C., -								68				
Parkin, M. R., -								65	26			
Robertson, R. E., -	75	77	88	75	78					59		65
Robertson, G. J., -								68				
Reynolds, J. W., -								66				
Schweitzer, H. M., -								55				
Staples, R. C. H., -								59				
Trelford, W. G., -								75				
Thompson, A. S., -							65				70	
Vaudervoost, C. E., -								66				
Wright, C. E., -	77	81	86		71							63

Crowe, A. B.—Bact. (15). Downing, F. L.—Clin. G.F. (85), P.J. (75), Cr. (75).

## ORAL HEALTH

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The dentistry of the future will be the science of *health* rather than the science of *disease*.

Dental instruction in *every* school means dental instruction in *your* school.

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**A VULCANITE PLATE.**—Plaster of Paris is the most reliable material for impressions, and it should be used at a consistency which will not press any soft tissue out of place. In mouths of unequal density, the impression should be relieved on high, hard spots, or the plate will rock. When the model is made, it should be trimmed neatly and evenly and handled carefully to preserve its surface. No good work ever comes from rough, battered models, or from the workman who is ankle and elbow deep in plaster. It might be said that its first requirement for good work is a clean laboratory.—*Mark G. M'Elhinney, D.D.S. (The Dental Review), Dental Digest.*

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**SOAP AS A PULP CANAL CLEANSER.**—After removing a pulp by pressure anesthesia first swab out the canal with carbolic acid to cauterize any remaining fibres that may cling to the walls of the canal. Then swab it thoroughly with liquid soap, preferring that known as "etherial," following this with peroxide of hydrogen. While soap is cleansing, and an excellent antiseptic, its office as a lubricant is perhaps the most important service it renders when used for preparing a pulp canal for filling.—*A. W. Ward, Dental Brief from Pacific Gazette.*

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## DENTAL LITERATURE.

WE have issued a number of pamphlets, booklets, etc., of special interest to dentists, inasmuch as some of the more recent and remarkable additions to the resources of the profession are described and their applications indicated therein. Requests for any of the following will be promptly filled, at no cost to the inquirer.

*Acetozone as a Bleaching Agent.*

*Adrenalin.*

*Adrenalin Tape.*

*Adrenalin and Cocaine, Codrenin and Dentalone.*

("No Dentist Can Afford Not to Know.")

*Adrenalin and Novocaine Tablets.*

*Alkathymol.*

*A Little Book on Anesthesia.*

*A Study in Dental Anesthesia.*

*All-Metal Dental Syringe.*

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*Boro-Chloretone in Dentistry.*

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*Cocaine and Its Substitutes.*

*Cocaine with Chloretone.*

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*Euthymol Tooth Paste in Pyorrhea*

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*In the Interest of Painless Dentistry*

*Milk of Magnesia.*

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*Pyorrhea: A New Method of Treatment.*

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WALKERVILLE, ONT.





***R. J. Reade M.D.C.M. D.D.S.***

Editor Dental Practice

Dr. Reade has been re-elected President of the Eastern Ontario  
Dental Association

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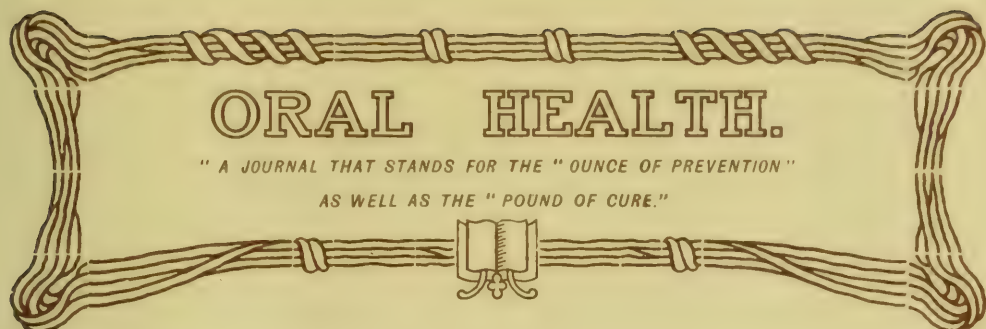
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Vol. 1

TORONTO, SEPTEMBER, 1911.

No 9.

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## THE ANNUAL MEETING OF THE NATIONAL DENTAL ASSOCIATION.

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### THE GENERAL ARRANGEMENTS.

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BY J. A. BOTHWELL, D.D.S.

---

**I**N the desire for further knowledge along dental lines, several Toronto dentists set out for Cleveland, Ohio, on July 24th to attend the National Dental Association. This is the largest association of dentists on this continent.

Some travelled by boat and some by train. The waters of Lakes Erie and Ontario were very turbulent on July 24th and 25th, and consequently the sailors had an uncomfortable feeling most of the way over. Lake Erie was so rough that not a boat left Buffalo harbor for thirty-six hours. Several of our confrerés, among them Drs. Capon, Ross, and Zinkan, who boarded the boat on Monday night expecting to arrive in Cleveland next morning, found on awakening that they were still in Buffalo, and had had their berth at the company's expense. Being anxious to reach Cleveland, they completed their journey by train.

On arrival in Cleveland one had only to go a short distance to find good hotel accommodation. The Holenden Hotel, headquar-



ters for the National Dental Association, was a beautiful hotel of 800 rooms. The Colonial, headquarters for the National Association of Dental Faculties, was also a fine hotel, of 400 rooms.

One would have thought that with these and several other large hotels the accommodation would have been plenty; but on Tuesday and Wednesday nights good beds were at a premium.

After getting one's bearings the next thing was to see the convention.

The papers were given in the auditorium of the Brotherhood of Locomotive Engineers' Building. The manufacturers' and the oral hygiene exhibits were held in the Chamber of Commerce Building, which is in direct connection with the Engineers' Building. The clinics were held in Grays' Armory, a ten-minute walk from the Chamber of Commerce.

At the beginning of each session a short musical programme was rendered by some of Cleveland's best musical talent, and much appreciated by members of the Society.

Among the papers read before the convention "Mistakes, Common and Uncommon," by Dr. C. N. Johnson of Chicago, is particularly worthy of mention. The discussion by Dr. Callahan of Cincinnati was interesting and instructive. Another interesting paper was "The Necessity for Dental Education on the Subject of Mouth Antiseptics," by Dr. Jos. Head of Philadelphia.

The clinics, which numbered 300 or 400, were particularly good. Perhaps the most striking feature was the number of "oral prophylaxis" and "pyorrhea" clinics. Other clinics which drew the attention of a great many were the use of nitrous oxide and oxygen for general anesthesia, and the many different methods and machines for casting gold inlays. There were numerous other clinics of untold value to the profession which would take too much time to mention.

The manufacturers' exhibits were the best I have ever seen. One which impressed me very much was "cast porcelain." The method is exactly like casting a gold inlay with vacuum machine, and the results obtained were all that could be desired. Gold mesh for casting purposes attracted the attention of a great many. The various electrical appliances showed many new improvements along this line. Very unique was the serving of ice cream free to the members of the Society in cones made of Horlick's Malted Milk. But the most important and interesting of all to the whole profession was the oral hygiene exhibit.

The general entertainment provided by the committee was all that could be desired. The Commercial Travellers' Club-rooms were thrown open to members of the Society during the whole convention. Boat trips, car and auto rides to different points of interest were much enjoyed by all.

Among the Toronto men present at the convention were Drs. E. Zinkan, Cecil Trotter, F. Price, F. Capon, J. F. Ross, A. J. McDonagh, W. H. Doherty, A. W. Thornton, G. M. Hermiston, J. A. Bothwell.

---

## LADIES' ENTERTAINMENT AT THE N.D.A.

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BY MRS. J. A. BOTHWELL.

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**B**Y no means the least successful and pleasant part of the National Convention was the entertainment provided for the ladies.

The first day we were all taken in automobiles to the Euclid Avenue Garden Theatre, where we spent a jolly afternoon laughing at Amelia Bingham's presentation of "A Typical American Girl Visiting in France."

The next afternoon about one hundred autos were brought to the hotel to take us for a 45-mile drive around the city and suburbs, when we saw to advantage not only the most interesting buildings (and Cleveland is full of fine large buildings), but their splendid system of parks, their finest residential streets, and the homes of their millionaires, including J. D. Rockefeller's beautiful country residence.

The last afternoon passed very pleasantly with a delightful sail on Lake Erie. The splendid steamer Western States was chartered and every one connected with the convention was welcomed and entertained on board by the Cleveland men. Water ices and cake were plentifully provided, and all had a merry time.

In short, we could not but feel that we had been gladly welcomed and royally entertained by the National Association, and only regretted that so few Toronto ladies were there to take advantage of it.

## ORAL PROPHYLAXIS AT THE N.D.A.

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BY W. H. DOHERTY, D.D.S.

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**I**F one were asked the outstanding feature of the recent meeting of the National Dental Association in Cleveland, the reply would undoubtedly be "Oral Hygiene." It could not well be otherwise at a meeting held in a city that has been the scene of the recent experimental work on mouth hygiene carried on by the Oral Hygiene Committee of the National Dental Association and the Cleveland Dental Society, and at a time when the report of this work and its results was ready for presentation.

At the Wednesday evening's meeting this report was presented, containing the results of the experiments with the now famous "Marion Street School Dental Squad." Miss Cordelia O'Neil, principal of the school, was present and gave the paper of the evening. The members of the "squad" were also on the platform, and they and their records were presented individually to the audience.

After the Cleveland Dental Society had made an examination of the mouths of all the school children in Cleveland, an experimental class was formed to prove the beneficial results following the regular practice of mouth hygiene. Forty of the worst cases were selected and formed "The Marion Street School Dental Squad." Psychological tests were made, and the children were given marks for memory, addition, association by opposites, quickness of perception, &c. Their mouths were then put into healthy condition, they were given instruction on the care of the teeth, sloppy foods were eliminated from their diet, as was also drink during meals, and stress was laid on proper mastication. The nurse exercised her supervision of the class both at home and at school, and saw that these instructions were carried out. The promise of a five-dollar gold piece to each member of the class that proved faithful was an incentive to the children up to the time when they themselves began to realize the beneficial results of the course they were following. At the end of the test the psychological tests were repeated—27 children having remained faithful—and the report as presented showed a gain in scholarship of 99.8-10



per cent., and in addition such an improvement in general health and appearance, conduct and self-respect as was truly remarkable.

One of the boys on the "squad" is one of a family of seven. During the time he was following instructions on mouth hygiene a brother developed scarlet fever. The family being in poor circumstances, he remained at home in quarantine and nursed the sick one, all the time continuing the scrupulous care of his own mouth. In turn each of the other five members took the disease, and he nursed them all; but himself remained immune. While the germ of scarlet fever has not been isolated, it seems to be recognized by medical authorities that the seat of infection is somewhere in the mouth, nose throat, and naso-pharynx. It is, we believe, safe to conclude that the immunity of this boy, although repeatedly exposed to direct infection, was due to the cleanly state of his mouth and his scrupulous care of it.

The unanimous report and enthusiasm of the principals, teachers, nurse, and medical inspectors as to the startling improvement not only in these children but, through their influence, in the school generally, is perhaps the most encouraging feature in connection with the experiment. The principal, Miss O'Neil, says that, recognizing the good accomplished by medical inspection, she was not at first interested when it was represented to her that oral hygiene could accomplish anything further. She exercised a most critical supervision of the test from its beginning, and in her address paid a glowing tribute to the revolution that mouth hygiene has worked in her school. To use her own words, she says that she is now even more convinced than those who tried to convince her.

A most interesting feature to those actively engaged in the movement for clean mouths was the exhibits relating to mouth hygiene. They consisted of photographs of ill-kept mouths, mouth-breathing children, models and pictures of irregular teeth and the resulting profiles, copies of pamphlets relating to mouth health, photos of free dental clinics, records of existing conditions among school children, framed cards bearing suitable brief information the public should have, such as instructions on care of the mouth, "Decayed Teeth Cause Tuberculosis," "Clean Teeth Do Not Decay," "Good Teeth Are an Insurance Against Disease—Have You a Policy?" or any other telling statement of the relation of the mouth to disease. These exhibits follow the lines of the now commonly used tuberculosis exhibit, and are without doubt one of the best possible means of furthering the movement of mouth hygiene.

## THE CLINICS AT THE N.D.A.

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BY A. W. THORNTON, D.D.S.

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**I**F the question were asked, "What was the dominant feature of the National Dental Association?" the answer undoubtedly would have to be, "Oral Hygiene." It was in evidence not only in the clinics on "prophylaxis," but it was to the front in operative and prosthetic dentistry, as well as in the realm of crown and bridge work.

In operative procedures fillings were inserted to "restore contour," to "prevent recurrence of caries," and "to harmonize with normal conditions so as to cause no irritation."

In prosthetic work, "easy to keep clean" was a phrase frequently heard. To this end, dentures, both full and partial, were so constructed as to contain the smallest possible amount of materials, and "removable bridges" were much in evidence.

The manufacturers' exhibit (perhaps the finest ever seen on the continent) gave abundant and unmistakable evidence that they (the manufacturers) have been inoculated with the germ of oral hygiene. All sorts of appliances, wise and otherwise, were shown, to bring about that much-talked-of and greatly-to-be-desired "clean mouth." Perhaps this short preamble will, to some extent at least, account for some of the things that follow.

I did not see a single clinic on any form of the so-called "back-and-solder" or "Richmond" crown. Such crowns are not "hygienic."

A large number of removable or interchangeable facings for both anterior and posterior crowns and bridges was shown, and for all the claim was made, "They are hygienic."

In the future the prosthetic restoration that will receive greatest commendation will be that which will be most easily kept clean and produce the least possible irritation to the tissues with which it comes in contact.

One of the most ingenious things I saw was a method of using an ordinary "rubber" tooth as a "detachable facing." The pins were ground off, the porcelain given the desired shape; then two or

more small holes were drilled in the porcelain to accommodate iridio-platinum pins, and these were soldered to a pure gold backing closely adapted to the porcelain.

Perhaps the clinic which attracted the greatest amount of attention was the casting of porcelain fillings.

The technique of the operation is identical with that of gold inlay work, and the Elgin "vacuum" machine was the one used. The heat necessary to "melt" the porcelain was simply an intense gas flame. The porcelain is furnished in small lumps, and maintains its color during the process.

The strength of the finished products is said to be somewhat less than that of the highest-fusing bodies, and very much greater than that of the low-fusing bodies.

The "concerted" clinics held a thoughtful, interested crowd at all times. A number of men filled specially prepared matrices, using the different methods of condensing (hand pressure, mechanical mallet, &c.), and these fillings were then examined and marks assigned for "cavity margins," "density," and "ability to withstand air pressure." The time spent on each filling was also carefully noted.

Such clinics must result in more intelligent operative procedures.

Dr. Weston A. Price of Cleveland showed some good things along the line of "cast gold," using "Price's artificial stone." The results obtained by Dr. Price are certainly very gratifying.

The Taggart method of casting gold was also fully demonstrated. Outside altogether of the merit of the various casting machines, one thing has been clearly demonstrated by Dr. Taggart, viz., that the best results can only be obtained by exercising the greatest possible care in the detail of each operation.

The same amount of investment material is always mixed with the same amount of water. The mixture is allowed to remain in the plaster bowl a certain definite time before the piece is invested. At a fixed time the investment is "dried out," the wax is carbonized with a definite heat applied for a definite time. The gold is "cast" at a definite temperature. The principle carried out is the safe and sure one that "the same cause will always produce the same result"; and certain it is that Dr. Taggart and his associates "deliver the goods" in the shape of "magnificent inlays."

Gilmore's attachment for partial dentures, or removable bridges,



seems to possess considerable merit. It is a small spring, made of clasp metal, that "clutches" a wire and holds the piece firmly in place. The wire is an "extension" from a gold crown or inlay, attached at the cervical portion and extending close to and parallel with the alveolar ridge.

Only a perusal of the programme could give anything like an adequate conception of the number and variety of the clinics. The "Grays" Armory, in which the clinics were given, was not an ideal place, as in many instances the light was very bad. But notwithstanding this drawback, the meeting was perhaps the greatest ever held on the continent, and certainly the most profitable ever enjoyed by "your humble servant."

They were there from the North, the South, the East, and the West, and each vied with the other in giving their "cousins from Canada" an enjoyable time. I have only to add that my travelling companion was Dr. Andrew J. McDonagh, that prince of good fellows, to convince "all and sundry" that my "cup was full."

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## MY IMPRESSIONS OF THE N.D.A.

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BY FRANK D. PRICE, D.D.S.

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**Y**ES, it was a big affair; the biggest thing of its kind ever held, and everything in proper proportion. It was scientific, professional, and social; the latter so much in evidence that we dozen or more Ontario fellows felt right at home.

To report it after this lapse of time is not so easy. I know I came home determined to be scientific and accurate. I find I am doing a little better, nicer work than ever before. Every day there shines on my work, in all kinds of operations, light from the Cleveland Convention. I have amputated more roots since the convention than ever I did in a year before. Mr. Editor, I prefer to mention just a few things that interested me rather than try to make a general resumé.

For root filling have Solution No. 1, consisting of resin in chloroform, and No. 2, consisting of gutta percha in chloroform. When the root is ready for filling have the canal well dried, and work in Sol. No. 1. Insert a hot brooch that will melt the resin and cause

it to fill the tubuli. Then work in Sol. No. 2, and follow at once with gutta percha point.

A rapid and accurate method of making gold inlays is as follows:—Having obtained a model in artificial stone, the cavity is quickly padded full and contoured properly with platinized gold. Pure gold or 22K is flowed in this. The platinized gold acts like a sponge, and will indicate by a gloss when it is saturated with the molten gold. Any edge or contour may be made and the inlay fits the tooth cavity. If it is desired to make the platinized gold, first dissolve platinum scraps in aqua regia, 1 part nitric and 3 parts hydrochloric acid. Heat slowly or give time for the pt. to be dissolved. Occasionally it is well to add a little nitric acid. Evaporate the acid and obtain the salt. Add hydrochloric acid to make a 10% solution of platinum chloride. Pour this platinum chloride on any sponge or foil gold in a form that will reach all the gold surface. Pour off at once and pour on ammonium chloride, and pour this off. Heat the gold so treated to redness, but not to melt, and it will be found to be covered by a thin coating of platinum that will raise the melting point to 2,200° to 2,400° Fah.

I was interested in casting porcelain. I presume that one of its advantages is that there is not the contraction of one-seventh to one-tenth observed in our ordinary method of fusing, since it is cast to fill the mould. The mould is obtained as for gold, and any form from a simple inlay to a whole crown may be obtained. There is the same sprue to be trimmed off, and the exposed surfaces of the porcelain cast must be polished. I thought the instrument used for casting very poorly adapted for the work, since it was quite necessary to keep the mould hot while the fused porcelain was slowly sucked into the mould, and this apparatus would not do. The centrifugal machine will hardly do, since the porcelain moves more slowly than molten gold, and would likely be cooled too much before properly filling the mould. I am having an electric heater made that will keep the mould and crucible hot while the fused porcelain is being forced in by compressed air. Mr. Editor, you may inquire later as to its success.

How a fellow gets ideas at a convention! Several firms exhibiting had a combination electric heater in which an ordinary proper electric lamp was placed inside a neat nickel case. Over the lamp, perhaps, was a glass of water at boiling point (?) for sterilizing excavators. At one side was a glass of water warmed properly for washing cavities, and at another side a couple of atomizers. I find

that with my electric compressed air heaters the air at one moment may be the right temperature but very soon is too warm. One fellow overcame that by a long heater in the rubber tube leading to the instrument that all day on would not overheat the air. But he was a genius, and his heater is not on the market. Now I am having made a heater something like the first described, but the sterilizer must be aluminum, to be heated more than those on exhibition. There will also be in the nicked case a chamber into which the compressed air passes before going on to the patient, and I hope to have air at the temperature I want.

One clinician showed us how metal handles of excavators could be covered by soft rubber tubing, to make the hand control much easier. Another clinician showed a skiagraph of an abscessed lower lateral. He then proceeded with the aid of local anesthesia to amputate the root, after which he made another skiagraph and showed what he had done. A few fellows who try to do a little with X-rays naturally got together like flies attracted by honey, and compared and aired notes. I believe the time is close at hand when X-rays will be generally depended on to diagnose dental lesions. I was disappointed at the evident lack of interest that the programme committee had taken in radiography. A few men had rather good collections, both of negatives and prints, ingeniously mounted for examination. We must produce a cheaper, simpler machine, so that every little dental community, if not every dentist, can have one. Once used, it becomes indispensable.

There were 306 clinics booked, each one important enough for an hour, and all crowded into two half days in a dimly lighted arena. Talk of conservation of energy: that was the grossest profligacy. Perhaps prophylaxis and orthodontia were most in evidence, but they will no doubt be carefully described. It cost something to go to Cleveland, but it was worth it thirty-fold. Dentistry is certainly growing rapidly. We are but upon the threshold.

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Dr. A. E. Santo, London, was married on Thursday, July 27th, to Miss Isabel O'Brien of Aylmer, Ontario. ORAL HEALTH extends to Dr. and Mrs. Santo heartiest good wishes.

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"If a man can write a better book, preach a better sermon or make a better mousetrap than his neighbour, though he build his house in the woods, the world will make a beaten path to it."—*Emerson.*



# LANTERNS AND LANTERN SLIDES.

BY LYMAN B. JACKES.

[This article is the first of a series of three articles the subjects of which are as follows:—

FIRST ARTICLE.—The Making of a Photographic Lantern Slide.

SECOND ARTICLE.—The Making of a Diagram Slide. (The conversion of a magazine illustration into a slide without resorting to photography.)

THIRD ARTICLE.—The Care and Management of Lanterns and Accessories.

The use of the lantern in the Public Educational Campaign has become so frequent that these three articles will undoubtedly be greatly appreciated by the dental profession, and particularly by those members who take an interest in photography.—The Editor.]

**T**O prepare a first-class picture for lantern projection is a very simple process, providing the routine work has been carefully gone through and cleanliness practised throughout the various operations. The pictures prepared by the following method will open the gateway to the lanternist and amateur photographer of one of the most fascinating and artistic recreations known to modern science.

The standard size to which lantern slides are made in the British Empire is  $3\frac{1}{4} \times 3\frac{1}{4}$  ins.; in the United States and France,  $3\frac{1}{2} \times 4$  ins. Lantern plates manufactured in Great Britain appear to have the preference over foreign brands in this country. It is in many instances possible to procure a better plate of a British maker at a considerable reduction in the purchase price.

Among the plates obtainable here might be mentioned:—

Ilford lantern plate .....	10
Imperial lantern plate .....	6
Cadett* lantern plate .....	8
Padgett lantern plate .....	3
Wellington lantern plate .....	15

Barnett lantern plate .....	6
Seed lantern plate .....	—
Cramer lantern plate .....	—
Eastman lantern plate .....	10

\* Also known as Royal Standard.

The figures on the right refer to the speed of the plates compared one with the other: for instance, the Cadett would require an exposure of approximately twice as long as the Imperial and five times that required by the Wellington.

The materials required for photographic slide making by the contact method will embrace a printing frame, sodium hyposulphite ( $\text{NaS}_2\text{O}_3$ ), developer (hydroquinone or metol-quinol), a ruby lamp (candle preferred), two flat dishes, a measuring glass, a box lantern plates.

The writer assumes that the reader is in possession of a negative, that is, a film or plate which has been exposed in the camera and subsequently developed.

A cool dark room is chosen, the lamp lighted, the developer mixed in the measuring glass, and the sodium hyposulphite (hypo) mixed in one of the trays in proportion of about four ounces salt to a pint of water.

The negative is placed in the frame face up, the box of plates opened and the one selected placed face downward on the negative—covering the desired portion, if the negative is larger than the plate. Some difficulty may be experienced in selecting the face of a lantern plate: to do so with ease and certainty the plate is held between the red light and the body, about a foot from the lower portion of the chest when the operator is standing. On looking downward it will be noticed along the edge farthest from the eye the presence or absence of the glass edge of the plate. If the edge is present the face of the slide is down and goes against the upturned face of the negative, and is firmly clamped in place by the spring pressing on the removable portion of the frame.

If the reader has had a previous experience in “gaslight” printing he will notice a marked similarity between that branch of photography and slide making. In fact, the only differences worthy of note are the increased sensitiveness of the lantern plate and its glass support.

When the frame is tightly clamped over the negative and slide, it must be exposed to the light; and as a source of illumination the

reader will probably find the homely candle excellent for this purpose, as the light is soft and uniform, as well as economical. If the negative is a good one—viz., well contrasted and clear—try an exposure of fifteen seconds at eighteen inches from the light. It would be advantageous to have a light-proof door or slide in the lamp for the purpose of making the exposure.

With the light from the candle reaching the room from the ruby red light only, the plate is removed from the frame and transferred to tray No. 1, and the developer, previously mixed in the measure or other convenient retainer, is quickly poured over the slide, which should be, of course, face up. If the developer does not cover the plate, a small tuft of cotton wool should be at hand to draw the fluid over the plate, but under no circumstances must the plate be touched with any hard material.

It is during the next thirty or sixty seconds that the slide passes through its critical period, this also being the stage of the operation wherein the maker may show his personality.

When the fluid has covered the dish and any bubbles which formed have been removed, the dish with its contents should be covered or protected from the direct glare of the lamp by the hand.

If the exposure has been correct the picture will appear in about thirty seconds. If it flashes up in less time over-exposure is indicated. If, on the other hand, nothing appears in ninety seconds, either the slide is upside down in the dish or has been grossly under-exposed.

Assuming the exposure to be correct or approximately so, the dish is rocked from time to time until the picture shows fairly strong through the back. It is then rinsed in clean water and placed in the fixing bath or solution of sodium hypophosphite, when in a few minutes the pinkish yellow color will give place to clear glass. It will be noticed that the density of the slide is somewhat weakened in fixing. This may be remedied by developing about ten or fifteen per cent. darker than required. The slide should be allowed to remain in the fixing solution until it appears uniformly dark when examined from the back, as any undissolved silver remaining when the slide is dry and mounted would reduce its permanency, if not disfigure the transparency.

The slide must be washed in running water or several changes for several minutes, after which it is placed face out in a warm, dry room over night or until dried.

It now remains to mount the picture to complete the manufac-



ture of an ordinary black and white slide. This is done by first cutting a mask to fit over the plate. The paper selected for a mask should be thin and opaque; that used for rolling films or wrapping printing paper is excellent. A sharp knife should be used in cutting the opening, as any irregularity will be greatly magnified when shown on a screen. It should be cut at right angles, this being a simple matter owing to the slide being a square.

A cover glass of similar size to the plate must be provided, and as the beginner will usually spoil some of his first dozen he may turn these into splendid covers by placing them in scalding water, when the gelatine and other material will quickly be removed from the glass support. Probably the better method of drying a cover is that of placing a cloth or towel on a table and placing the wet glass in the centre, then, by folding the other portion over the glass and giving a few strokes the glass is made quite clean. It should be placed for a moment, as well as the slide, over a burner, when any adherent moisture will be driven off. The slide must be held some distance (twelve or fifteen inches) over the burner to prevent any possibility of the film melting.

A box of lantern slide binders must be provided, and at this stage one must be cut into four equal lengths, just a shade shorter than the edge of the glass, say 3 3-16 inches. One piece is placed with the gummed side up, on a towel or cloth, and the finger drawn across after being dipped in a bowl of water. It is a mistake to have the strip too wet; thus the reason for placing on the towel.

When the finger has been dried the slide is covered by the mat, and then the cover glass goes on. Of course the glass side of the slide is out, as the object of this operation is to protect the plate from injury. When the edges of the three are in position they are placed over the wet strip on the cloth and the whole turned around in such a position that the wet strip is on top. It should fit on the edge in a uniform manner, the strip being slightly shorter. Allow a narrow margin at each end to examine its position. When it is squarely on the edge the slides are pressed down and the flat portion of the thumb nail pressed along the edge once or twice, which gives a finished and workmanlike appearance to the binding. The opposite edge is then bound, after which the remaining ones are covered in a similar manner. The slide is now placed flat on the table with the lantern plate paper underneath and the cover on top. It is moved around until a position is found when the sky or top portion of the picture is farthest from the body. Two little discs

of white paper, about one-fourth inch in diameter, are pasted on the two corners farthest from the operator's body. These are technically known as sky corners, and are such that if the slide is held with the two spots down and turned toward the rear portion of the lantern a mistake will never occur, and the enlarged image will always appear correctly arranged on the screen.

If it is desired to place the name of the owner or other information on the black binding, a white ink may be prepared as follows:—

Gum arabic ..... 1 oz.  
Oxide of zinc .....a sufficiency  
Water .....10 oz.

Mix the arabic in the water until dissolved, and add the oxide until the desired density has been secured. If desired, barium sulphate may be used in place of the zinc oxide.

It may happen that the experimenter, after reaching proficiency in ordinary slide making, wishes to alter the color or tone of his production. If a rich sepia slide is required, the fixed and washed plate is placed face upwards in a bath made by dissolving

Potassium bromide .....10 grains  
Red prussiate of potash\* .....10 grains  
Water ..... 1 oz.

\*This is a deadly poison; label it accordingly.

This solution will rapidly bleach the picture. When this stage has been reached the plate is washed for a few moments and immersed in a bath made by dissolving 5 grains of sodium sulphide ( $N_2S$ ; not sulphite) in one ounce of water. The picture will rapidly return in a beautiful rich sepia shade. The plate should remain in this bath for one or two minutes.

If a green tone is desired, the first solution consists of

Potassium bichromate ..... 5 grains  
Potassium ferricyanide (red) .....25 grains  
Water ..... 2 oz.

This bath will not bleach the slide, but it should remain in it for about four minutes; when it is washed free from stain and placed in

Cobalt chloride .....20 grains  
Ferrous sulphate ..... 5 grains  
Hydrochloric acid .....20 minims  
Water ..... 2 ounces

This will impart a very fine shade of green which gives a very

realistic and artistic rendering of water scenes, certain landscapes, etc.

To obtain a red tone, place plate in

Ammonium carbonate (sat. solution) .....	1 ounce
Copper sulphate (bluestone) .....	10 grains
Red prussiate potassium .....	25 grains

The slide or plate should remain in this solution until the darkest portions are toned.

To give a good blue tone, bleach in

Pot. ferricyanide .....	10 grains
Amm. carbonate .....	40 grains
Water .....	1 ounce

Wash free from stain and place in

Ferrous sulphate (copperas) .....	10 grains
Hydrochloric acid .....	5 minims
Water .....	1 ounce

These toned plates are mounted with mask and cover glass in a similar manner to the black-and-white, and if properly washed and dried will be quite permanent.

**LIME FOR PUTRESCENT ROOT CANALS AND FOR APICAL BLEEDING.**  
—A dry treatment for putrescent root canals is accomplished by the use of lime commonly used by masons. This material performs two actions, viz., mechanical and medicinal—mechanical in its powerful affinity for moisture; medicinal in its antiseptic nature. Open the root canal freely; then with a fresh broach carefully turn in the root canal, engaging as much of the pulp tissue as possible. Remove this; then, with the broach dipped in the lime powder, carry to the canal. By repeating the application of the powder to the canal you will find the pus taken up in the lime. Then work the mass out with broach. The lime powder acts upon the contents of the root canal as a blotter acts upon a drop of ink—by the absorbing nature of the lime. Thus you avoid forcing septic matter through the end of the root.

Lime is also of great value in the operation of reducing hemorrhage for immediate root filling following pressure anesthesia. Allow the wound to bleed freely for a minute, then syringe out. Follow with the use of the lime until the hemorrhage ceases, which will be but a short time. Complete the operation at one sitting.—*C. F. Booth, Dental Brief.*





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*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

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TO AVOID NAUSEA.—To avoid nausea when taking a plaster impression, instruct the patient to grasp the nose with the thumb and finger, *forcing* him to breathe through the mouth. Not very graceful, but will do the business.—*E. R. Annis, in Dental Review.*

PROPHYLAXIS AGAINST SYPHILITIC INFECTIONS.—When working upon a syphilitic, unless the operator is immune to infection through having suffered from syphilis himself, it is well to protect the hands with rubber gloves. It can scarcely be claimed that properly fitted, light rubber gloves interfere to any considerable extent with the sense of touch or hinder skilful workmanship. An abrasion of the epithelial surface so minute as to elicit no pain or tenderness to make one cognizant of its presence, and which consequently passes unnoticed, may furnish a sufficient opening for entry of the virus. It is not enough to avoid contact with the lesion itself, for the saliva may be contaminated and capable of transmitting the infection if it moistens the abraded skin. When we consider that probably one in twenty patients suffers at some time from syphilitic infection, the danger of accidental inoculation becomes a real one. When one has been exposed and there is the slightest reason for questioning the integrity of the epithelial surface, prophylactic rubbing with 33 per cent. calomel in lanolin ointment is the best protection.—*G. A. Halliday (Summary), Pacific.*

HARDENING PLASTER CASTS.—Two or three coats of a saturated solution of borax or alum applied with a brush to the cast; then two additional coats of a hot saturated solution of barium chloride, followed by a rinsing in soapy water. The model is then washed

off in water and allowed to dry. Another method of obtaining an exceedingly hard model consists in dipping it in water to which a small quantity of gum arabic has been added. In this way a highly polished surface is obtained.—*J. Schembs, Province Dentaire.*

IODINE TINCTURE, DECOLORIZED.—Attention has recently been called to the inertness of decolorized tincture of iodine, especially when used as a germicide. The chemical combination which removes the objectionable staining makes it far less efficient as a germicide.

SKIN BLEACH.—An ointment composed of 84 drops of hydrogen peroxide, 3 drachms of lanolin, and 3 drachms of cold cream will often remove the disfiguring brownish discoloration left after the healing of certain pimples.—*Ladies' Home Journal.*

LUBRICANT FOR ALUMINUM.—Kerosene oil (coal oil) is an excellent lubricant for drilling or turning aluminum.—*Dental Brief.*

RUBBER CEMENT.—Dissolve dental rubber in equal parts of chloroform, carbon disulphide, and benzine (or gasoline). A little of this rubbed on plaster will hold the rubber in place. Close flask with wet cloth between the halves. Open, and if rubber is right smear with rubber and then rub in powdered alum. Close and vulcanize.—*W. M. Tuttle, Western Journal.*

SEPARATING MODELS FROM THE ARTICULATOR.—To separate models from the articulator, or to trim excessively thin models, an ordinary saw works better and more quickly than the generally used mechanical saw.—*Deutsche Zahnaerztliche Zeitung.*

MAKING POLISHING STRIPS CUT SMOOTHLY.—Drawing both sides of polishing strips smartly over a lump of paraffine a few times before using them makes them cut more easily and smoothly. It also makes them more effective in the presence of moisture. This suggestion especially applies to the coarser varieties.—*Dental Record.*

NERVE BROACH HOLDER.—A stock of orangewood is cut to suitable size and a small hole drilled in one end. With pliers the broach can easily be forced into the handle, which will firmly hold the broach, constituting a cheap and very satisfactory holder.—*Deutsche Zahnaerztliche Zeitung.*

WARMING COTTON DRESSING.—Many times we see a patient give evidence of pain when a pledget of cotton is dipped in alcohol and then placed in a sensitive cavity. We all know the reason therefor. If the same pledget after saturating with alcohol is passed through the flame on the bracket table and allowed to burn just an instant,



the alcohol is warmed without charring the cotton, injuring the pliers, or materially decreasing the quantity of alcohol, and the results are much better.—*Deutsche Record*.

WASHERS FOR HYPODERMIC SYRINGES.—Washers for hypodermic syringes, for tightening the joint between the barrel and the needle, are made of base-plate gutta percha by drilling a hole in the gutta percha piece sufficiently large to fit over the screw-threads. These washers will not spread like leather, can be sterilized, and are easily made.—*M. M. Brown, Dental Summary*.

MAKING CUSPS AND DUMMIES.—In carving cusps for swaged shell crown, make band, contour, and fill with "Moldine" (clay); carve cusps with wax spatula, dust with lycopodium powder, take an impression of cusps with dental lac, and swage 32-gauge gold into lac, using Coates' cusp swager. Trim and fill with solder.

In casting solid gold dummie, select suitable vulcanite tooth, dust Moldine with lycopodium, and press tooth into it; remove, warm inlay wax over flame and press gently into clay impression. Remove wax, trim, and invest for casting.—*C. H. Chamberlain, Dental Summary*.

TEMPORARY DENTURES.—A distinction is made by many operators between "permanent" and "temporary" dentures. Strictly speaking, any artificial denture might be considered as temporary, and none as permanent. But these terms have been given a special significance regardless of their meaning. Temporary denture is merely a term applied to a denture inserted immediately upon or soon after the extraction of the natural teeth, or before the process of resorption is complete. Practice this and you will have years to look forward to without fear.—*C. B. Voigt, Dental Summary*.

TO CAST SOLID GOLD DUMMY.—In casting solid gold dummies, I select a suitable vulcanite tooth, and press it into "Moldine," which has been dusted with lycopodium. To remove tooth, warm inlay wax over flame, and press gently into the clay impression. Remove wax, carve back, and invest for soldering.—*C. A. Chamberlain, Dental Digest*.

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Just one man in a hundred can see beyond his nose. The short-sighted people are in the majority, and the majority rules. Only imagination can visualize what is to be; most people have no imagination, therefore they doubt and ridicule what they do not comprehend. To them the oak is never apparent in the acorn.—*Kaufman*.



# ORAL HEALTH

EDITOR — — WALLACE SECCOMBE, D.D.S., TORONTO, ONT.

ASSOCIATE EDITOR — GEORGE K. THOMSON, D.D.S., HALIFAX, N.S.

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TORONTO, SEPTEMBER, 1911.

No. 9

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## EDITORIAL.

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### THE STATUS OF THE DENTAL SURGEON IN THE CANADIAN MILITIA.

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**I**T is now seven years since the appointment of dentists to the Militia of Canada was authorized. The first order provided for the appointment of 18 dentists throughout the Dominion, and later this number was increased to 25. These dentists are not organized as a separate corps, but are attached to units of the Army Medical Corps at training camps for 12 days each year. On appointment they receive *honorary* rank of lieutenant, and after three years' service that of captain. During camp they are provided with a tent and portable dental chair, but supply their own instruments, for the use of which they are paid \$10. They receive the pay of honorary rank, which is less than that of substantive rank.

Among the lessons learned by the British Government during the South African War was that the dental surgeon was a very important factor in preserving the health of the troops. The records show that hundreds of men "went sick" and were invalided home on account of pain and suffering caused by unhealthy mouths and defective teeth. Also, at recruiting stations a large percentage of applicants were refused enlistment because of the unhealthy and neglected condition of their teeth.

Our Militia Department is to be congratulated on having made some provision for such contingencies should Canada ever engage in war; but we think more ample and improved provision should be made.

\* \* \* \*

The importance of oral hygiene to the health of the body has now become so generally recognized that it is unnecessary to emphasize the value of the dentist to the army. Both Great Britain and the United States have learned the value of his services in time of peace as well as of war, and recently a bill has been passed by Congress giving the army dentist substantive rank. The fact that the dental surgeon holds only honorary rank in the Militia of Canada is a source of dissatisfaction to members of the dental profession. In the Medical, Veterinary, and Postal Corps the officers receive substantive rank, and it certainly does not seem fair that the dental surgeon should be made an exception. If his services are necessary to the well-being of the troops, which fact has been amply demonstrated, surely his profession and education entitle him to something better than an honorary rank.

We have had occasion to discuss this matter freely with officers of the A.M.C. who apparently have no objection to the dental officer holding substantive rank, providing that his command is limited to his own corps. The Department evidently does not consider the dentist of sufficient importance to warrant the creation of a dental corps. This does not seem consistent with the motto, "In time of peace prepare for war." With the present regulations and equipment, in case of war the troops would be very poorly provided for as far as dental service is concerned. We do not mean to say that the dental corps should be put on a war footing, but additional equipment of a kind that is necessary at present and a well-organized dental corps would greatly facilitate arrangements and avoid delay in case of sudden declaration of war.

\* \* \* \*

In the April number of the *Dominion Dental Journal* appears a very interesting paper on this subject, written by Dr. Magee of St. John, and read at the annual meeting of the Army Medical Corps. Dr. Magee's idea of the dental surgeon receiving substantive rank, thus making the service more attractive to the best men in the profession, is very good; but we do not agree with him in that the dental officer should qualify in the same manner and pass the same examinations as the medical officer, nor should he be

required, except in cases of emergency, to perform the duties of a member of the A.M.C.

He should, however, within a limited time after his appointment, show a practical knowledge of treatment of bullet wounds and fractures of the jaw, as well as first aid to the injured. He should also know infantry training and stretcher drill, etc.

In time of war the army dentist will have all he can do to attend to the duties of his own corps, but the above qualifications would be very useful in cases of emergency. In time of peace the study of infantry and stretcher drill, and first aid, in addition to his professional duties, would increase his opportunities for service.

Occasional lectures on oral hygiene to the N.C.O.s and men of the field ambulance might be added to his duties in training camp. Outside of his own branch of the service, *in cases of emergency*, the dental surgeon would become an exceedingly useful officer, as his knowledge of anatomy and surgery, administration of anesthetics, etc., would enable him to render valuable assistance to the hospital surgeons, and his knowledge of infantry training, stretcher drill, etc., would make him available as commander of bearer corps or regiment.

\* \* \* \*

The following suggestions for a Canadian Dental Surgeons' Corps are offered for consideration:—

1. The organization of the C.D.S. Corps, Active Militia. The C.D.S.C. shall consist of dental surgeon officers gazetted to the corps and N.C.O.s and privates enlisted therein.

2. The names of the officers so gazetted shall be arranged in the regimental lists of officers of the D.S.C. in order of seniority.

3. The number of the personnel of the D.S.C. shall be as laid down in the establishment list annually approved by the Governor-in-Council.

4. Rank, Pay and Precedence—Officers will be entitled to rank and precedence, and will be subject to the pay and allowance regulations and to other advantages granted to corresponding combatant officers; but rank or position will not, however, entitle the holder of it to the presidency of courts-martial other than regimental, nor will they exercise any military command (except in cases of emergency) outside of the dental surgeons' corps, except over such officers or soldiers as may be attached thereto for duty.



5. Officer Adminstrating D.S.C.—The officer administrating the C.D.S.C. shall be the Director General Medical Services for Canada.

6. Qualification and Promotion—On appointment officers shall receive the rank of lieutenant. On the completion of three years' service they may qualify for the rank of captain by passing a satisfactory examination in treatment of bullet wounds, fractures of the jaws, first aid to the injured, stretcher drill, and infantry training. (A captain's certificate from Infantry School would be accepted in lieu of examination in infantry training.) On completion of eight years' service they shall receive the rank of major.

With a dental surgeons' corps organized along these lines, and the addition to the present equipment of dental engines, spittoons attached to chairs, and cabinets for instruments, bandages and medicines, Canada would have what no other country in the world possesses to-day—a modern and practical dental corps with a good equipment, ready to take the field at a moment's notice.

This matter has been discussed on several occasions at meetings of the Canadian Dental Association, but no official or definite action has been taken to impress the authorities with the unsatisfactory state of affairs, and the importance of the matter to the army as well as to the dental profession.

We feel sure that any suggestions brought to their attention in the proper way will receive due consideration.

At a recent meeting of the Nova Scotia Dental Association a resolution was adopted recommending that the dental surgeon in the Militia be given substantive rank, as his importance deserves.

It is desirable that this matter be considered seriously by the various provincial societies, as well as the C.D.A., and resolutions adopted expressive of the feeling regarding it. The columns of ORAL HEALTH are open to a discussion of this matter, and we invite correspondence.

G. K. T.

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“The works of all men crumble and only thought is immortal.”

“In looking back over our lives at the moments that have been worth while, how many of them did money buy?”

The “common people” are divided into three classes: those who “didn’t know it was loaded,” those who rock the boat, and those who believe that the foreigner pays the tariff.—Silent Partner.

## ORAL HEALTH

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PROPHYLAXIS OF THE ORAL MUCOSA.—As a prophylactic means calculated to keep the mucous membrane in a healthy condition, too much emphasis cannot be laid on the necessity for careful examining to see that there are no sharp corners or edges on any of the teeth. Many an epithelioma might never have developed had the teeth been so ground and polished as to avoid their becoming a source of constant irritation. We treat the oral mucous membrane to guard the teeth, and we treat the teeth to guard against disease of the oral mucous membrane. Indeed, the rounding off of all sharp corners and edges is about the only true prophylactic precaution looking toward the maintenance of a perfectly normal and healthy lip and cheek lining.—*F. W. Low, Xi-Psi-Phi Quarterly.*

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FLIES IN DENTAL OFFICES.—The *London Lancet* says that the best and simplest fly killer is a weak solution of formaldehyde in water (two teaspoonsful to the pint). This is placed in plates or saucers through the house. It has no offensive smell, is fatal to disease organisms, and is practically non-poisonous except to insects. As the fly has been demonstrated to be a carrier of dangerous micro-organisms of infection it should be eradicated from all dental offices.—*Western Dental Journal—(Cosmos).*

SUCCESS.—Success is full of promise till men get it, and then it is a last year's nest, from which the bird has flown.—*Henry Ward Beecher.*

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## DENTAL LITERATURE.

WE have issued a number of pamphlets, booklets, etc., of special interest to dentists, inasmuch as some of the more recent and remarkable additions to the resources of the profession are described and their applications indicated therein. Requests for any of the following will be promptly filled, at no cost to the inquirer.

Acetozone as a Bleaching Agent.  
Adrenalin.  
Adrenalin Tape.  
Adrenalin and Cocaine, Codrenin and Dentalone.  
("No Dentist Can Afford Not to Know.")  
Adrenalin and Novocaine Tablets.  
Alkathymol.  
A Little Book on Anesthesia.  
A Study in Dental Anesthesia.  
All-Metal Dental Syringe.  
Borol  
Boro-Chloretone in Dentistry.

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Dental Hypodermatic Outfit.  
Dentalone.  
Dropper Ampoules of Chloroform.  
Ethereal Antiseptic Soap.  
Euformol.

Euthymol.  
Euthymol Smelling Salts.  
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*M. H. Garvin D.D.S.*

Winnipeg.


President-Elect of the Western Canada Dental Association.

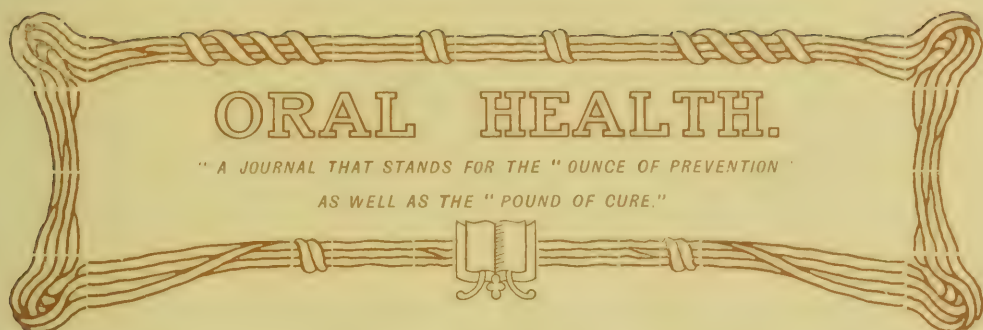


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## THE PATHOLOGICAL FACTORS TO BE CONSIDERED IN PROPHYLAXIS.

BY DR. OTTO E. INGLIS, PHILADELPHIA, PA.

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**P**ROPHYLAXIS as applied to the teeth means the application of such corrective measures as will counteract the cause of pathological processes, which may occur in or about the teeth and the structures supporting them.

Viewed in this sense and taken in its most comprehensive meaning, prophylaxis even includes the means employed to counteract conditions which may arise even before the teeth erupt. Thus the hygiene of the oral cavity and alimentary canal have much to do with prevention of pathological dentition. The term has, however, come to have a more limited significance in that it is generally used, to mean a systematic endeavor to prevent dental caries and its consequences and gingivitis and its sequentia. As the vast majority of dental diseases are due to pathologies, having their inception in one or other of these two diseases, the use of the term prophylaxis in the sense of means counteracting such inception is perfectly warrantable.

It having been demonstrated that frequent cleansing in a thorough manner of all the teeth has a highly salutary effect, preventing dental caries and maintaining the true tone, normal toughness and integrity of the gums, it may be well for us here to consider what are the reasons for this result.

While I would not impugn the intelligence of my auditors, I wish to state that there is apparently a lack of appreciation by a great number of dentists of the exact causes of caries and gingivitis and of the best means for preventing the action of these causes.

Recently I heard that a dentist had told his patient that she did not know how to cleanse her teeth; that she ought to cleanse them for at least three minutes.

Not long since a dentist referred his patient to me for cure of a pyorrhoea, which required only the removal of collections of calculus, etc., which he had totally overlooked. The character of his other operations in the mouth was of a superior order. Lately a patient with good teeth and only slight gingivitis was told that her teeth would be lost eventually by pyorrhoea. The case was treated, but two weeks later I found a fair amount of calculus and plenty of soft collections, showing a lack of intelligent advice of the patient and some lack of perception of conditions upon the part of the operator.

What then are the causes which we are to combat by prophylaxis?

Decay or caries is the outcome of bacterial collections upon the teeth at certain sheltered spots, provided these collections contain bacteria capable of changing carbohydrate foodstuff into acid, which then decalcifies the enamel. Such slight organic matter as remains is then destroyed by bacteria. The dentine being reached the same process practically is repeated. Once the enamel is destroyed or even much decalcified, restorative rather than preventive methods are demanded, but up to such a point preventive methods are efficacious.

Obviously if bacterial plaques are the cause of prime contributory cause, the remedy lies in their removal. Hence this is the prophylaxis of caries indicated. Ordinarily such plaques are not removed by patients though the use of brush and floss is not unknown to them. When they have been thoroughly used in the



past they have sometimes prevented caries, but often have induced general recession of the gums with increased liability to cervical caries.

That such plaques produce caries was abundantly proven by Williams, and one may prove the presence of plaques on most of the teeth in nearly any mouth. All that is necessary is to paint the teeth with diluted tincture of iodine and then douche them with water. The films will show up as a highly stained streak.

They are so abundant that one can but wonder why caries does not more frequently attack surfaces other than the contact areas, fissures and gingival areas. No doubt the saliva and the nature of the bacteria have something to do with this.

It is quite obvious to any careful observer of oral conditions that marginal gingivitis and pyorrhoecia alveolaris begin because uncleanness at or just above the gum margin has existed for some time. In the very class of teeth most subject to these conditions, namely the narrow-necked teeth, is the collection of food and bacterial plaques most likely to occur. The saliva and gum secretions furnish the lime salts needed for calculus formation, and the fermentation of the food masses by the bacteria furnishes the conditions necessary for the disposition of calculi. This must be true, for regular removal of these collections prevents the formation of calculi except for a slight deposit on the lower anterior teeth. It would do so there if patients could follow instructions, but some cannot, hence it collects rapidly.

Here, it must be admitted, is a factor which borders on the systemic. Some salivas undoubtedly contain more lime than others. This is probably due to intake at the alimentary canal, the saliva acting as a vehicle for excretion of that which the system does not require. Again this excess less that deposited upon the teeth is swallowed and probably added to the intake from food. We have all seen mouths containing no calculus to speak of, and such no doubt are either very well cared for or the saliva is lacking in an excess of salts.

There is no doubt a difference in action of bacterial plaques producing caries and those producing calculus, but both are probably fermentative processes.

A rigidly applied system of prophylaxis aims at removing all collections, hard and soft, upon the teeth, so that fermentation processes shall not have their basal factor, the bacterial plaques. These being constantly removed, the fermentation cannot occur. More than this, a constant warfare mechanically and antiseptically against the bacteria upon the teeth greatly lessens the number in the mouth.

I know of no better illustration than that one day I found about a hundred toadstools in a colony on my lawn. I swept my foot over them and a day or two later found fifty. Again I destroyed them to find ten later. A third destruction, and the crop of spores was exhausted and no more appeared there.

These bacteria being the primary causes, we should remove them, and the mechanical removal is of prime importance, antiseptics in the form of a germicidal wash for a time being valuable aid. Patients are either instructed or of themselves learn to rely too strongly upon the antiseptic or other virtues of a tooth powder or antiseptic wash, and nothing is more common than for them to say, "I use such and such a powder or wash." Often they say, "How can such a condition exist in my mouth when I cleanse my teeth five times a day?"

To one such patient I replied, "You don't cleanse your teeth five times a day," and upon her indignantly asserting that she did, I asked if she had cleansed her teeth before coming to me. She replied that she had. I then gave her a mirror, and before her eyes removed some food material from a front tooth. She could hardly believe her eyes.

The truth of the matter is that patients do not know how to cleanse their teeth, and it is also true that the number of cleansings per day and the length of time spent at it has little to do with proper cleansing. One good thorough cleansing per day does more toward prophylaxis than five imperfectly performed.

How then should the cleansing be done?

*(To be continued)*

# THE NATIONAL ASSOCIATION OF DENTAL FACULTIES.

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BY J. B. WILLMOTT, DEAN, R.C.D.S.

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**T**HE history of the development of Dental Education is probably not as familiar to the professional readers of ORAL HEALTH as matters which pertain more immediately to the daily work in the office. In this development, in recent years, the National Association of Dental Faculties has played an important part. Previous to the year 1840 all instruction in the Art and in the Science of Dentistry was obtained in the office of a practitioner. In Great Britain somewhat of a systematic apprenticeship, covering several years, was the recognized method of preparing for practice.

In America there was no systematic method. Many men, mostly those who had been previously engaged in some mechanical pursuit, "picked up dentistry" from reading and what observation they could obtain of the operations of practitioners. A comparative few served a regular apprenticeship in the office of a practising dentist, paying for the privilege a fee of from \$100 to \$500 and remaining from six months to two years.

As the requirements of practice came to include considerable scientific knowledge this method of obtaining it was manifestly unsatisfactory. A few prominent practitioners in the City of Baltimore, Md., being impressed with the necessity for better facilities for the instruction of dental students, are reported to have made overtures to a medical school looking towards a department of dentistry. These, however, were apparently not successful, and application was made to the Legislature for a charter for the Baltimore College of Dental Surgery. This was obtained in 1839, and the first session was commenced in 1840. The first class, consist-



ing of two members, was graduated in 1841, and the degree of D.D.S. conferred for the first time.

The Ohio Dental College was chartered in 1445. Other charters followed at intervals, so that in 1876 there were in the United States twelve dental colleges granting degrees in Dentistry and proximately 2300 dentists had been graduated.

With possibly two exceptions, these colleges were all "proprietary institutions." That is, they were owned by the incorporators, in probably all cases the members of the Faculty who put up the money for the necessary plant, fixed the curriculum, collected the fees, conducted the teaching, examined the students, and graduated such as were deemed worthy. The profits, if any, and not infrequently there were none, were divided pro rata among the owners. Up to this time, 1876, apparently no educational standing of any kind was required for admission. The ordinary requirements for graduation were:—Attendance on two courses of lectures and instruction of four months, each with private pupilage between the sessions and passing a satisfactory examination conducted by the members of the Faculty. A certificate of five years' practice was accepted as the equivalent of the first session and gave admission to the senior year.

With the multiplication of schools, bidding against each other for students, the competition became so keen as to pretty effectually prevent any appreciable advance in the standard required for graduation.

A very large percentage of the prominent men connected with the schools regretted the condition and were anxious to devise some means of bettering it. It is understood the late Dr. Winder, of Baltimore, first suggested that representatives of the several schools should get together and enter into an agreement with each other to raise the standard. The result of a consideration of this suggestion was the call for a meeting of the deans of dental schools in the City of New York on August 14th, 1884. Ten schools were represented and the National Association of Dental Faculties was organized with ten schools in membership.

The object, as set forth in the second clause of the constitution, was "to promote the interests of Dental Education."

The association was to meet annually and all dental schools or

colleges which were willing to sign the Constitution and be governed by it were eligible for membership. Later certain requirements in the way of equipment and staff of instructors were formulated.

In 1899 the Royal College of Dental Surgeons applied for admission to membership, and at the meeting in Hot Springs, Mo., in August, 1890, was admitted. The colleges in membership at that time was 28. In 1900 the membership was 50.

From its organization the association sought to advance the interests of Dental Education in two principal directions—raising the educational standard required for admission to the dental colleges and increasing the length of the term of study to qualify for examination for graduation.

While the first of these may look a simple matter, in practice it has been very difficult to secure any near approach to uniformity over a territory so large and varying greatly, in different portions, in its educational opportunities.

In the several provinces of Canada the system of High schools controlled by the Provincial Departments of Education, following very similar Curricula, and each holding examinations, on completion of the term, for certificates of admission to the teaching profession or to the universities, gives two official certificates in each Province, which, from the culture standpoint, are of practically equal value and which in all the Provinces are essentially equal. Nothing of this character obtains in the several States of the United States, or even in any one state.

Where similar titles to certificates are used they do not by any means imply even approximate equality of value.

The problem is very difficult, and while some uniformity of title of certificate has been reached, uniformity in educational values has not been attained.

The requirements of the Association have been, from 1884 to 1897, "An English Education;" 1897 to 1899, "Entrance to High School;" 1899 to 1902, "Completion of One Year in High School;" 1902 to 1908, "Completion of Two Years in High School;" 1908 to 1910, "Completion of Three Years in High School;" 1910, "Graduation From An Accredited High School."

In the direction of increasing the term of study less difficulty

has been experienced, though the progress has not been very rapid.

When the N. A. D. F. was organized the term was two sessions of four months each. This was promptly raised to two sessions of five months. In 1891 this was increased to three years of five months each. Subsequently the sessions were lengthened to six months, then to seven months, and in 1903, after prolonged discussion, extending over three years, the course in dentistry was made four sessions of seven months each. In October, 1903, when the colleges opened, it was found that the freshman classes on the whole were not quite two-fifths of the previous year. This was so discouraging that a special meeting of the N. A. D. F. was called to consider the situation. The outcome was that with the session of 1904-5 the colleges in the Association decided to go back to a three session course, lengthening the sessions to thirty-two weeks. The R. C. D. S. continued its course of four sessions of seven months each, and the Dental Department of Meharry University continued a four session course of six months each. In Canada there are now four dental colleges, two of which are members of the N. A. D. F., and all conduct four session courses

So far as can be gathered from the discussions of the N. A. D. F. there is not likely to be, in the near future, any change in the requirements for graduation. It is stated by those who ought to know that the number of men graduating from the dental colleges of the United States each year does not exceed the number of men lost to the profession by death, retirement from practice on account of age and other causes, so that no provision is being made for the supply of dentists for the million people which are being added to the population each year. In Canada the number of graduates each year comes far short of making good the losses and providing for the rapidly increasing population. On the whole the relations of the R. C. D. S. with the N. A. D. F. have been pleasant and cordial.

When the Association meeting was held in Niagara Falls, N.Y., in 1899, the Directors of the R. C. D. S. invited all the representatives present to spend a day in Toronto as their guests.

The invitation was accepted; the day was ideal; including ladies about 75 guests came over on the morning boat; were given



luncheon at McConkey's; taken in tally-ho's for two hours' drive around the city; visited the Dental College where brief speeches were made; stopped at the Temple Building for ice cream and cake, and finally drove to the wharf at 4.45. All the members of the Board and most of the members of the Faculty were present to help to entertain the guests.

It is very rarely that a function goes off so smoothly and so successfully. The visitors were from points as far distant as Atlanta, Ga., San Francisco and Portland, Oregon. No other event has ever occurred which has so tended to cordial relations between the dentists of the two countries.

Owing to differences in the Dental Laws of the U. S. and Ontario some friction arose in 1892, and the R. C. D. S. tendered its resignation. Explanations were made and at the request of the Association the resignation was withdrawn. At the meeting in 1909, when the R. C. D. S. was not represented, the question of admitting students from the R. C. D. S. to advanced standing was discussed, and it was decided that those who had completed two years should be admitted to the senior class and graduated in one session. In 1909 and 1910 nine of our sophomore students were admitted in American colleges to the senior class and graduated in one session. The R. C. D. S. protested vigorously that this action acted as a bribe to its students to ask for a transfer to the American Colleges. The present writer was sent to the recent meeting in Cleveland to present the case from the R. C. D. S. point of view.

Apparently the decision of 1909 was made without a clear understanding of its effect.

When the case was presented at Cleveland the action 1909 was recinded without opposition, and a rule adopted, providing that when students who have completed two years in colleges, members of the Association, which have a four years' course (there are now three of them) ask for transfer to colleges, members of the Association, which have a three years' course, they shall be placed in the junior year.

The feeling of cordiality and good will towards the Canadian colleges is evidenced by the fact that the Dean of the R. C. D. S. has served six years as member of the Executive Committee, and at the recent annual meeting was elected Vice-President, the Dean of the Dental Faculty of Laval University, Montreal, being elected member of the Ad-Interim Committee.

# LANTERNS AND LANTERN SLIDES.

(Second Article.)

## THE MAKING OF A DIAGRAM SLIDE.

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BY LYMAN B. JACKES.

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**T**HE manufacture of photographic transparencies for lantern projection is the result of several years work on the part of investigators to reproduce pictures on an enlarged scale at a minimum of expense.

The first photographic slides were shown about the year 1885. These were, of course, made from negatives that are now purchased as "ordinary plates," and the resulting projection was sadly deficient in orthochromatic or color correct properties.

Some few years later a wealthy New York optician and scientific instrument manufacturer devoted considerable attention to reproducing projections in the colors of nature, without resorting to the somewhat crude method of painting by hand. His results were partially successful, but his scheme lacked those great features, reliability and simplicity.

His results were obtained by making four projections of the one picture, one being a plain black and white slide, while the others were projected through colored glasses, the intention being to lay the pictures one over the other, the colors blending over the black and white one. The negatives from which these slides were made (excluding the black and white) through a colored screen placed over the lens, the colored screens being the complimentary colors to the primary colors, blue, yellow and red.

With the advent of orthochromatic work, slides made from this class of plate leave little to be desired, but the lecturer oftentimes has a sketch or map which he wishes to bring to the attention of his audience. The subject may not justify the trouble or small expense of a photographic slide or time may not permit this mode

of preparation. It has often been demonstrated that a good method of preparing a slide of this nature is greatly appreciated, especially if the lecturer is fortunate in possessing artistic talent.

Some few years ago the writer began during spare moments to investigate this method of slide manufacture, and in the ensuing paragraphs will give some of the results attained.

Let us assume that a sketch of some mechanical device or physical phenomena is required. It may be quickly and well constructed by holding a clean cover glass over the flame of a lamp adjusted in such a manner as to give a thick deposit of soot on one side of the glass; when the deposit appears to uniform the plate is placed in such a position as will assure the minimum liability from cracking, in the corner of a room or under the cover of a box. When the glass plate has become cooled it is removed to a recess cut in a board, this recess is of such dimension as will allow the plate to rest, not too loosely, about one-quarter inch from the true surface of the board. When the darkened surface is uppermost this recess affords a means of ruling lines across the face of the plate without disturbing the deposit; the drawing is done by means of needle point secured firmly in position in the end of a pencil or other convenient holder. After the outline has been secured a thin varnish should be sprayed over, but by no means should the varnish be poured, as this surface is very delicate; a varnish sold in art supply stores as "fixative" is suitable for this purpose, but any reliable negative varnish will answer.

The pictures made by this purpose have much of the appearance of a good chalk drawing being a clean white on a dead black ground.

The reader may experience some difficulty in securing an even surface without burning his fingers; if he will secure his glass to the end of a board by means of drawing pins, this trouble will be overcome. Draw the glass slowly through flame about eight times one way and then eight times the other way; the surface should be applied at one heating, and the reader will find four or six such boards required if a number of slides are being prepared, as they should be cooled on the board. A process which uses ground glass is capable of yielding pleasing results if properly handled.

Ground glass is in many localities an expensive article to pur-



chase, but a large clean sheet of glass may be cleaned and sprinkled with fine dampened emery powder; another plate of smaller size may be placed over the layer of emery and a circular sliding movement soon cuts a surface on both plates, which, if the emery is fine enough will give entire satisfaction.

This surface will now record pen and pencil marks in a very creditable degree, and may be placed over a magazine clipping or other picture, providing the original is small enough; this, however, is seldom found to be, as the average magazine picture will be found to be greatly in excess of the three by three limit of a standard lantern glass, even this difficulty in tracing a picture need not fill the lecturer with alarm, as precise methods and formula may be applied to a hand-made lantern plate with equal facility as to any photographic formula.

To few persons has the talent been given which allows them with a few strokes to reproduce a picture with a presentable resemblance to the original; the process described below will cover a great deal of the talent, should the reader be amongst those to whom it has not been given. A ground glass plate is divided, preferably with a ruling pen, into quarter inch squares, resulting in thirteen squares on each side and giving a total on a standard square plate of one hundred and sixty-nine. These lines forming the squares should be made by a dense black ink, should this be lacking, however, a finely pointed hard lead pencil will make lines of a useful density; the squares are numbered along the top and left hand edge, the square designated by the number of one being in the extreme upper left hand corner and forming the starting point for both sets of numbers.

If a drawing or other illustration is desired to be reproduced on a lantern plate, it should, by very light pencil marks, be divided into squares; the average magazine page is generally rectangular, therefore, it is impossible to make a division in such a manner as was done on the plate; however, if the cut is divided into five squares on the short length and eight on the longer, it will be readily seen that squares five to nine on the upper edge and squares four to eleven on the left hand edge will give the proportion on a lantern plate, leaving a margin for a mask and binding.

Over the ruled glass plate an unruled one is placed and guided by the squares on the paper original, a very accurate outline may be traced on the ground glass plate, guiding the pencil over the plate by means of the dark lines showing through from the plate below. The drawing may be done with a hard, fine pencil; after the outline has been correctly placed the shading will offer no difficulty; for this work a softer pencil should be employed and sharpened similar to a chisel; this is best done by cutting away the wooden portion, leaving the lead with its original blunt end, which is now passed rapidly over a rough piece of paper; this gives the desired shading edge. If the operator desires he may color the surface with transparent inks or water colors.

After the drawing has reached a degree when the operator feels his efforts are presentable to an audience, the plate is warmed over a jet and a coat of Canada balsam poured over, which gives the effect of transparency; when dry, they are mounted in the usual manner. If coloring is restarted to, the various colors should be mere suggestions and not thick daubs.

If the ground glass method is objected to, a plate of ordinary glass cleaned and warmed may be coated with a solution prepared by dissolving a lump of resin in gasoline; this surface will, to a certain extent, take pencil, ink or color. The reader is warned against using tracing papers or papers rendered transparent by oils, etc., as it appears to be impossible to secure an even surface by this means, also he is warned to place the mask between a smoked slide and a cover glass with extreme caution as he has been warned above that the surface is extremely delicate.

*(To be continued.)*

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## LOOKING BACKWARD IN THE YEAR AD. 1915

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**I**T seems hardly possible that even five years ago the operation of prophylaxis was understood and practised by so few dentists.

Even as late as the year A.D. 1911 many dentists were known to engage in the operation of "cleaning teeth." The usual practice at that time was to complete all the operative procedures first, and then, finally, by way of a little extra attention, perform

what was made to appear a very simple and almost superfluous task, namely, that of giving the teeth what was known as a "clean-up." This practice doubtless eased the operator's conscience and was appreciated by the patient as would have been either a hair-dress or shoe-shine, according to the patient's gender. As the teeth were left far from clean the patients themselves regarded "cleaning" as a flagrant misnomer, and in suggesting the operation to the dentist usually asked that their teeth be given "a little brush up," which very aptly described the operation generally practised at that time. Thus the attitude of the public toward an operation that should have been considered (as it is to-day) the most important the dentist had to perform, was suggested by the attitude of the dentists themselves.

Then, again, because of the meagre charge made, the necessary time was not given to the operation. Indeed in those days many dentists cleaned teeth free of charge. In fairness to them, however, it may be said that the undertaking was not to clean the teeth *free from deposits or stains*, but *free of charge*, which, of course, was carried out to the letter. Others, again, were known to compromise and charge fifty cents, in which case the field of operation was limited by the lines of vision, which meant the outer surface of the teeth back to the bicuspid. The operator bestowed most attention upon the upper centrals, and became less and less industrious, until by the time the bicuspid were reached his energy had reached the vanishing point.

How different is the patient's attitude in this year of 1915, and what a change in the hopes and aims of the dentist!

To-day the dentist is the exception who would fail to give prophylactic treatment at the first sitting (along with needed instruction in Oral Hygiene), and at subsequent sittings carefully note what progress the patient has made in the proper care of his teeth.

Without question the instruction so given by the dentist to his patient has done more to educate the public in the importance and proper care of the teeth than any other single agency.

Of great educational value, too, has been the making of a suitable charge for the necessary time to properly give prophylactic treatment. In times past the patient naturally argued that if the



operation was free, little importance was to be attached to it. Unconsciously the effect produced upon the public was one of apathy in regard to the care of the teeth, as well as to the value of these organs to bodily health.

As a profession we may well congratulate ourselves that our individual members have, through their practices, rendered such great assistance in solving the problem of educating the masses to a higher regard for Oral Hygiene.

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## CORRESPONDENCE.

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*To the Editor of ORAL HEALTH:*

Dear Sir,—The able editorial in September ORAL HEALTH on "The Status of the Dental Surgeon in the Canadian Militia," should receive the thoughtful consideration of the dentists of Canada. The present conditions are stated very clearly. Are they satisfactory? Do the dentists of Canada think that dental officers should honorary rank only, whereas medical, veterinary and postal corps officers have full military rank? Let the Canadian Dental Association consider the matter and take some definite action upon it. In the meantime plans suggested for bringing about an improved standing for dental officers and a greater efficiency of the dental department should be discussed, so that most effective action can be taken when the Association meets. It may be that the organization of a Canadian Dental Corps, as outlined in ORAL HEALTH, is the best plan. In the Army Medical Corps the privates and non-coms. are trained in first aid and stretcher drill, and we can at once see the necessity for this training. What should be expected of men enlisted in the Dental Corps? As regards the requirements of the officers, I do not see that the study of stretcher drill or first aid would make a more efficient dental officer. The emergency occasions when he would be called upon for this sort of duty would, I think, be rare indeed. Rather let us emphasize the importance of his knowledge of dental surgery. At present the dental surgeon is only called on for service during the twelve days of summer training camps, his work then being mostly that of relieving pain from dental causes and inserting temporary fillings. What about the men enlisted in the per-

manent corps at the various barracks throughout Canada? They receive medical attendance from medical corps surgeons, but their masticating apparatus gets no official attention (unless they apply to the dentist at camp). Here is an opportunity for the department to get more service out of its dental surgeons and an opportunity for the dental surgeons to demonstrate their usefulness.

J. E. RHIND.

Toronto, Sept. 19, 1911.

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### RECRUIT'S BAD TEETH.

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One of the most serious problems in connection with army recruiting during the year 1909 was the enormous number of otherwise suitable men who were rejected on account of bad teeth.

The annual report of the British Army for the year ending September, 1910, issued on March 14, shows that the problem is becoming more serious than ever.

"Defective teeth are everywhere answerable for increasing proportions of rejections on medical grounds," says Colonel F. R. C. Carlton, Assistant Adjutant-General for Recruiting, in dealing with the Special Reserve.—*British Journal of Dental Science*.

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The Toronto Educational Committee has appointed sub-committees for 1911-12 as follows:

*Public Dental Clinics*.—Dr. McLaughlin, Dr. Doherty, Dr. Seccombe, Dr. Webster.

*Hospitals*.—Dr. Mason, Dr. Reade, Dr. Bothwell.

*City Schools*.—Dr. Eaton, Dr. Kennedy, Dr. Conboy, Dr. McGill.

Dr. Mason was recommended for lectures to nurses at the Toronto General Hospital.

Dr. Bothwell was recommended for appointment to staff of Sick Children's Hospital.

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This Department is Edited by C. A. KENNEDY, D.D.S.  
Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

To eliminate the dark line of demarkation when repairing pink rubber between the old and the new, burnish tin foil over the joint.—*R. H. Chant, D.D.S., Regina, Sask.*

To take the impression of the end of a root for the purpose of adapting a floor for a cast base detachable crown, take a ring of very thin metal (copper preferred) slightly larger than the end of the root, having it so it will slip up between the gum and the side of the root. Holding it there force softened modeling compound in the ring and down against the end of the root. By having a stream of warm water from a water syringe flowing on the compound, you can, with a flat headed burnisher, pack it against and around the circumference of the root end and get a perfect impression, and packing this with amalgam or cement you get a perfect die to swage to.—*R. H. Chant, D.D.S., Regina, Sask.*

TO LOOSEN GLASS STOPPER.—Drop a little sweet oil around the cork or stopper where it enters the bottle and let it stand for an hour or so. It will be found at the end of that time that the oil has penetrated between the bottle and the cork or stopper and has loosened it.—*Dental Brief.*

DISCOLORATION IN SILICATES.—Does the use of steel instruments affect the color of silicate cements? A correspondent sends in a piece discolored *all through*. This could hardly be the result of the use of steel instruments.—*British Journal of Dental Science.*

INVESTMENT MATERIAL FOR BRIDGE WORK.—A good investment material for bridge work may be made by using half and half of some investment material and pumice stone, or pumice and a little plaster of Paris, so as to make bulk set well.—*M. A. Woods, Dental Digest.*



## THE POST-GRADUATE COURSE R.C.D.S.

Toronto, Aug. 29th, to Sept. 9th, 1911.

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**T**HIS Course was attended by forty practitioners representing four Provinces of Canada. The Course was greatly appreciated because of its very practical character, and was attended by the following men: Drs. S. D. Macdonald, D. C. Smith, C. F. Walt, N. S. Coyne, B. Gollop, C. A. Snell, J. F. Simpson, H. M. Wilkinson, W. D. Staples, A. G. Campbell, W. Hayden, R. Armstrong, S. Bradley, G. Leighton, T. G. Thompson, G. Howden, G. C. Bonnycastle, M. Kalbfleisch, M. B. Mallory, J. Hutchinson, A. H. Allen, F. M. Martin, J. H. Irwin, O. B. Moore, C. Sales, A. Wigle, M. Hanna, C. Sparks, F. Frank, D. Watson, M. P. Corrigan, G. Hicks, W. A., Black, F. Conboy, G. E. McGuire, W. A. Crowe, E. Hart, L. G. Campbell, A. Doy, C. H. McNult.

Certificates of attendance were given to those who regularly attended the sessions. On four days each week the members took luncheon together in the College Assembly Room. These luncheons went far toward fostering the spirit of good fellowship that prevailed, and afforded an opportunity of hearing a number of excellent addresses from prominent citizens upon subject of general interest. The Course was most practical, and proved to be of great advantage to those taking part.

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### THE LUNCHEON ADDRESSES.

DR. McCULLOUGH, SECRETARY PROVINCIAL BOARD OF HEALTH ON  
PUBLIC HEALTH.

Dr. McCullough spoke enthusiastically of the Provincial Educational Propaganda for Public Health, and referred particularly to the Tuberculosis Exhibit which was being shown at the Cana-

dian National Exposition. This was the first exhibit of the kind in Canada.

Dr. McCullough said that he had always thought that dentistry and medicine ought to have been one profession, but presumed that dentistry would be too large a specialty for medicine. He congratulated the R. C. D. S. upon the standing of its graduates, and dentists generally upon the present status of the dental profession.

Reference was made to the dental inspection of school children in Toronto, Dr. McCullough stating that the condition of the mouths of the school children had been a revelation to him. He reminded those present that these unhealthy conditions prevailed throughout the whole province, and urged the dental profession to prosecute public educational work with vigor, promising that the Provincial Board of Health would render all possible assistance.

The appointment of dental inspectors for rural schools was also referred to, and Dr. McCullough expressed the view that rural inspectors might be of very great service in bringing about much needed reform in these matters.

#### REV. CANON COADY ON CITIZENSHIP.

In introducing the subject Dr. Coady referred to the influence upon the community of members of the medical and dental profession in moulding public opinion in relation to social, religious and educational problems. He traced the history of democracy up to the present time, commencing with an account of the "City-state" of ancient Greece, where community interest alone prevailed. The *individual* was entirely subordinate to the *state*. This, however, was the mother of democracy. At a later period the individual was re-discovered, and now we have a still higher democracy where the individual unit is developed and combined in a corporate unit.

Canon Coady went on to say that the basis of modern democracy is "Public Souls." When democracy breaks down at any point to-day it is because it is not sufficiently democratic—there are not enough "Public Souls." An appeal was made for a greater interest in public affairs.

The speaker then referred to the party system of government, and said that party government was not in itself bad, and indeed

could not be dispensed with but that our present system is only safe and only makes for the good of the country when party ties are not so loose that they will lead a man to vote with party and against principle. Party government ought to be combined with reasonable independence exercised by the voter toward his party, and by the private member of Parliament toward his party.

The question of representative government was then taken up, and it was pointed out that it had at times come to mean "Government of the people, by rascals, for the rich." Majority not only should govern, but the minority should be represented. Government by an autocratic cabinet is an abuse of the party system.

The speaker pointed out injustice that sometimes arises under our present system of having a single representative from each district. A plan in operation in Tasmania is to have five members elected from each district, and voters having opportunity of voting for five candidates and numbering them in the order of their choice. Thus Tasmania is seeking, not only to have "Government by majority," but also "Representative Government." Canon Coady suggested that if the plan proved feasible it might later be tried in larger countries.

#### MAYOR GEARY, TORONTO.

Mayor Geary attended one of the luncheons and extended a hearty civic welcome to the members. Municipal problems were discussed, and particularly the problems to be found in the slums and among the poorer classes of the larger cities. Questions of ventilation and pure food were dealt with, and in conclusion Mayor Geary referred to the suggested Toronto Municipal Dental Infirmary for the poor, and expressed the view that with some few changes the present plan would no doubt be practical, and hoped it would soon be put into effect.

#### DR. R. A. FALCONER, PRESIDENT UNIVERSITY OF TORONTO.

Dr. Falconer welcomed the delegates and spoke of the great advantage of a post-graduate course in preventing "Staling." President Falconer felt that the present course would have its good effect upon the public as well as upon the profession.



DR. MCKAY,

Late Chancellor of McMaster University and now Principal of Toronto's New School of Technology.

In opening his address on "Industrial Education" the speaker said he felt that the members of the dental profession should be the first to offer encouragement in building up in Toronto a great technical institution. Dentistry now ranked with law and medicine. It was not always so, and the present high status of the profession was due, he thought, to the very high degree of technical skill that had been attained.

Education might be very definitely classified. There was in the first place that branch tending to build up the body or physical education. All were interested in this movement, and the parks, playgrounds, gymnasias, aquatic and other sports were evidences of it.

Cultural education was intended to fit us to live together and enjoy the society of others. It embraced the study of literature, history, music, art and other kindred subjects. The speaker believed however that we had stopped there and that adequate provision had not been made for that most important branch of education, the vocational.

Vocational education might be divided into a number of classes: 1. Professional education, that of medicine, law, teaching, etc., had been very well provided for. It was largely supported by the State, and rightly so. He understood, however, that no State aid was given to dentistry, and would like to call on some members of the medical profession to explain the justice or desirability of the fact. 2. Commercial education was arranged for in the new Commercial High School in Toronto. 3. Agricultural education was splendidly provided for by the college at Guelph. He was proud to state that Europeans were well acquainted with our Provincial institution. The Province was doing much along this line, and recently, in twenty or thirty centres throughout the Province, teachers had been placed in the high schools, devoting half their time to the school and half to the farmers. 4. Domestic Science was also well provided for.

Four per cent. or less of all the workers in Canada were engaged in professional life. It would have to be admitted that, of the money devoted to vocational education, a very large and altogether disproportionate amount was devoted to professional education.

The time had come when there must be a change, not only on account of the injustice, but owing to the great change in trade conditions, making it impossible for a young man to thoroughly learn a trade in a shop. There was no shop of any kind in Toronto where a young man could learn *all* about his trade so as to become a *master*. Toronto was endeavoring to rectify this condition in the new industrial school, and while at times industrial education had been opposed by unions, manufacturers and educationists, he was glad to say that it now had the support of the Board of Trade, manufacturers, Board of Education, Labor Councils and he hoped of the dentists. (Applause.)

The new school would occupy a site of six acres in the centre of the city with a building in keeping with the dignity of the city and the work. There would be a four-year course for boys in science leading to matriculation in the School of Practical Science. There would be a four-year Industrial Course, the first two years in general education and the last two devoted to specializing in wood, art, plumbing, building, etc. Six hundred applicants had been turned away from the Technical School during the past year, because there were no facilities for teaching them the making of clothing. This would be provided for in a three-year course, the first year general and the last two special. The night school would also give any man who wished it a chance to improve himself.

At the conclusion of Dr. McKay's address an enthusiastic vote of thanks was tendered him, and the opinion was expressed that young men who had taken all or part of the Industrial Course would undoubtedly make an excellent showing, should they then take up the study of dentistry.

MR. J. CASTELL HOPKINS.

Mr. J. Eastell Hopkins gave a most interesting talk on "Canada and the British Empire," which evoked much enthusiasm among those present.

#### THE FINAL LUNCHEON.

The final luncheon was termed a "love feast." No outside speaker had been invited and the members of the class had a happy hour together. The certificates of attendance were presented by Dr. Bonmycastle. Most all the members expressed their great appreciation of the course and a hearty vote of thanks to the Board and committee was unanimously carried. The hope was freely expressed that the R. C. D. S. would make the post-graduate course an annual affair.

# ORAL HEALTH

EDITOR — — WALLACE SECCOMBE, D.D.S., TORONTO, ONT.

ASSOCIATE EDITOR — GEORGE K. THOMSON, D.D.S., HALIFAX, N.S.

A Monthly Journal devoted to the interests of the Dental Profession, and to the furtherance of Public Health through the education of the Public in relation to Oral Hygiene.

Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

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Vol. 1

TORONTO, OCTOBER, 1911.

No. 10

## EDITORIAL.

### A RELIC OF THE GOOD (?) OLD DAYS.



THE accompanying illustration has appeared in some of our most prominent dental journals. It is an illustration used in connection with the advertisement of a certain local anesthetic. The advertiser suggests that members of the profession send for "comic cards." The whole thing appears quite comical to the local anesthetic man. The design would no doubt be also appreciated by readers of *Punch*.

Such illustrations are entirely out of place in connection with a dignified appeal to the dental profession for the purchase of dental goods. Particularly are such illustrations out of place in a dental magazine whether they appear upon an advertising or reading page. The advertising pages are read by the dentists. They are educative, interesting and instructive to the wide-awake practitioner who wants information. They appeal to him as do the exhibits at a dental convention. He finds them helpful. The advertising pages of a dental magazine ought to be guarded just as carefully as the other pages, and should contain nothing that would appear objectionable to the profession generally.



Already patients are too apt to remember the blood-curdling tales told them as children about the early days of dentistry, and they continue to associate dentists with all that is painful and heart-rending.

Illustrations of this character also tend to emphasize what too many people already believe, namely, that the chief work of a dentist is to extract teeth. The chief work of the modern dentist is to save teeth, notwithstanding an occasional Sporting Editor to the contrary, who refers to the "tooth-pullers" in commenting upon the athletic prowess of dental college students.

The dental profession of to-day is composed of a group of individuals who are *tooth savers* and *health builders*, and any suggestion to the contrary is not comedy—it is tragedy.

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#### DENTAL INSPECTOR'S OUTLINE OF SCHOOL WORK.

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Some of the work to be undertaken this year in Toronto Public Schools by Dr. Doherty, Dental Inspector:

1. Continuance of mouth inspection. Notification of defects sent to parents.
2. Lectures to teachers, parents, etc., on mouth hygiene.
3. Talks to pupils on care of the teeth.
4. Preparation of an Oral Hygiene Exhibit, to be left a certain time in each school with lecture to parents and pupils while there.
5. Pamphlets for distribution among parents.
6. Some bacteriological tests for unhealthy teeth and mouths, for pneumococci, streptococci, tubercle bacilli, Kloebs Loeffler bacilli (diphtheria).
7. Arranging to place a supply of the proper tooth brushes and dentifrice in each school, preferably under charge of the school nurse, to be sold at cost.
8. Endeavor to make some arrangement to have each new pupil, when admitted, required by Principal to supply itself with tooth brush and dentifrice, and receive instructions from nurse. A pamphlet, at the same time, to be given or sent to the parent.
9. Supplying the city press with occasional short articles of an educative nature on the importance of mouth hygiene.
10. Tooth brush drill.
11. Using facts relating to Oral Hygiene, such as "Good Teeth—Good Health" when possible, as writing exercises, etc.



***A. D. A. MASON D.D.S.***

President of Toronto Dental Society.

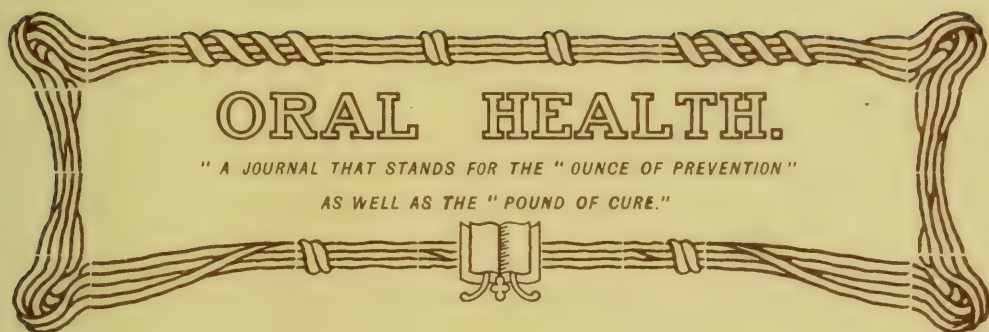
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No 11.

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## DENTAL HOSPITAL SERVICE

BY JOS. S. GRAHAM, M.D.

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### THE ESTABLISHMENT OF A DENTAL DEPARTMENT FOR IN PATIENTS AT THE HOSPITAL FOR SICK CHILDREN, TORONTO.

---

**T**HE establishment of a dental department in the hospital will, we feel sure, fill a much needed want. Heretofore, such dental work as was necessary was done by Dr. Webster, who generously gave of his time and skill, yet a systematic examination of all patients who enter the hospital was thought to be advisable in order that whatever treatment required might be intelligently carried out by the nurses, under the supervision of the dentist in charge. This of course applies more especially to routine treatment. A note will be made of whatever operation he may think necessary at the same time.

Dr. Webster addressed a meeting of the staff of the hospital which was called to consider the formation of the proposed department and the manner in which it should be conducted. A committee was formed to confer with Dr. Webster and to draw up regulations for it. These regulations will be found below.

At this hospital are patients of all conditions, and with many of them their stay is long; such for instance are the different forms of tuberculous bone disease. Some of them are in patients for as long as a year or more, and in fact their stay may be shortened by systematic work in the mouth. Lying in bed on their backs as they do, the cleansing power of the saliva is not of much avail, as the fluids naturally drop to the back of the throat. It will be of great interest to note the beneficial effect on their digestion, as lack of exercise must of necessity impair the flow of secretion, both from the glands of the mouth and stomach, which in turn must have its effect on the gums and teeth. Improper teeth and gums in their turn affect these secretions, thus a vicious circle is found.

If the general condition of these children is improved, the hospital will be repaid for the extra work and expense in outfitting such a department, but will be benefitted in having extra beds in which to place new patients.

Many cleft palate and hare-lip operations are performed here each year, and it has frequently happened that the advice of a dentist would have been of great assistance had it been available at the time of operation. The intention is to have the head of the dental department in consultation in these cases, which will certainly be of great mutual benefit.

The successful operation of this department rests to a great extent on its head, and it will require an immense amount of labor from the man in charge. We have been fortunate indeed in having Dr. Bothwell undertake it. He is giving his time in a pioneer work without remuneration, other than the pleasure it gives him, and that his duties will not be light may be seen by looking over the report below.

It is the intention of the Editor to publish in these pages at a later date his results.

J. S. G.

55 College Street, Toronto.

The Lady Superintendent, The Hospital for Sick Children:

Dear Madam,—Your Committee, appointed to consider the question of the establishment of a Dental Department in connection with the hospital, beg to recommend as follows:

1. That a Dental Department be established.
2. That the Department should consist of a Senior and an Assistant.
3. The mouths of all patients admitted into the hospital shall be examined by the Senior or his Assistant within forty-eight hours of the admission and a record made on a chart provided for this purpose, and which shall form a part of the history of the patient.
4. Instructions as to the care of the mouths and teeth shall be left by the Dental Department in all cases and recorded on the chart.
5. It shall be the duty of the House Surgeon to see that such instructions are carried out.
6. Dental operations thought advisable by the Dental Department shall be recorded on the chart.
7. If such routine treatment or dental operation be deemed inadvisable by the physician or surgeon in charge, a note to this effect shall be made on the dental chart.
8. A dental operation requiring an anesthetic shall be performed only after consultation with the physician or surgeon in charge.
9. The advice of the Dental Department shall be available in consultation in the hospital by members of the staff.
10. That a suitable room be set aside for this department, and equipment be provided.
11. At the present time, in our opinion, it is inadvisable to establish an Out-Door Dental Department. Out-Door patients requiring dental treatment might be referred to the Infirmary of the College of Dental Surgeons, by cards provided for this purpose.

Signed on behalf of the Committee,

JOSEPH S. GRAHAM.

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GOOD ADVICE, WELL PUT.—Do your best all round: keep good company, read good books, love good things, and cultivate soul and body as faithfully and wisely as you can.—*Louisa M. Alcott.*



# THE PATHOLOGICAL FACTORS TO BE CONSIDERED IN PROPHYLAXIS.

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BY DR. OTTO E. INGLIS, PHILADELPHIA, PA.

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*(Continued from last month.)*

First, the teeth should be thoroughly cleansed by a dentist, who should repeat the operation at least three or four times a year.

Starting with a clean set of teeth, and these otherwise in good proper cleansing implements, the patient should be instructed as to the location in which plaques form and in the proper methods of their daily removal.

The brush should be used with plenty of powder in an upward manner (not an up and down manner) to snap the bristles into the embrasures between the teeth. A light to-and-fro motion should be used at the cervices, care being used not to avoid nor yet to irritate the gum too much.

The occlusal faces should be brushed hard to cause the bristles to penetrate all fissures if possible.

The tip of the brush should be used on lingual surfaces of incisors, which are habitually overlooked, and the third molars should receive intelligent thought in the act of brushing, a thing not done seven times out of ten.

So far the brush does much good, but it has for two score years been recognized that its service in prophylaxis is incomplete, and that dental floss must be used. Many simply snap the floss between the teeth and out again; some jam it into the gum and even create inflammation and general recession, leading to such exposure of cementum that cleansing is rendered even more difficult and the progress of caries facilitated. Such measures do not do more than cleanse the contact points. Plenty of powder should be rubbed into the interspaces, the floss gently introduced between the teeth, carried down gently beneath the gum margin, wrapped half way around the tooth and then be sawed back and forth from over the surface as the floss is carried upward, then be snapped out from between the teeth. It should be re-introduced to the same space and the operation repeated upon the adjoining tooth. Done in this way this implement removes all plaques on all except occlusal surfaces and the middle of the buccal and lingual cervix. To remove plaques from these surfaces a third implement is useful, though some surfaces should be cleansed by the brush. The angle

formed by the gum and tooth sometimes causes the brush bristles to snap over these surfaces, which thus escape cleansing. This third implement consists of a simple piece of thin tubing bent to an angle at one end, and in each end a stick whittled to a point is inserted. This implement will do the work of the Jack porte polisher and may readily be used by a patient, who should again apply powder and gently trace the point over all surfaces approximating the gingival margin.

After a thorough cleansing by these implements the patient should use a wash containing one grain of bichloride of mercury in four ounces of hydrogen dioxid.

This germicide should be used twice a week only, as the mucous membrane will not tolerate its continued use. It is useful, however, to kill out bacteria, and the milder and more pleasant antiseptics can be used during the intervals between the use of the germicide.

It is not necessary to perform all these operations daily as if done in this thorough manner twice a week, the brush daily used or even used five times daily and a rubber band used at night in place of the floss, will sufficiently supplement such thorough periodical work.

Plaques, like toadstools, require time to grow.

It is a good idea for the patient to apply diluted tincture of iodine and then rinse with water in order to get a view of the plaques requiring removal.

The bichloride of mercury in hydrogen dioxide makes the most powerful and reliable germicide in oral infections that I know of and will clear up rodent ulcerations of the gum margins in a manner almost magical.

Its metallic taste is unpleasant to many, and I advise the use of a bit of wintergreen or cinnamon candy as a corrective. There are more pleasant combinations to be had if desired. I here simply wish to point out a principle.

While of course pyorrhoea alveolaris requires operative and medicinal treatment at the hands of the dentist, when cured, these methods, by removing the local causes, will maintain a cure if the patient can and will apply them. Frequent periodical visits to a dentist for a renewal of the thorough cleansing and any possible needed work are indispensable as probably no patient will be able to absolutely cleanse the teeth; nevertheless this does not invalidate the truth of what I have here attempted to make clear.—*The Garretsonian*.

# LANTERNS AND LANTERN SLIDES.

(Third Article.)

## LANTERNS AND THEIR MANAGEMENT.

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BY LYMAN B JACKES.

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**I**N this, my last opportunity for the present, the descriptive matter has been confined to the electric arc lamp and the means and methods of securing the maximum results from the same. The ease and cheapness of maintenance which accompany the use of this source of light are being more and more appreciated as time goes on. To secure the best light from an arc lamp, use a large, soft carbon for the top (x) and a thinner, hard one for the bottom (—). When the lamp is ready for use turn it on for a few seconds, then off, and observe if the top is hotter than the lower; if this is not the case the wires connecting the lamp with the mains must be reversed. The top carbon should be from  $\frac{1}{8}$  to  $\frac{1}{4}$  inch behind the lower.

Keep the lantern from drafts, as this causes breakage of the condensers, which are liable to raise the operating expenses if renewed often. When the machine is in readiness see if the disk or space of light is clear to the corners; if not, move the lamp up and down, forward and backwards, and from side to side; if this does not remedy the defect turn off the current and look at the carbons; the lower should be pointed (it is best to point it with a knife or file beforehand) and the upper should have a little cavity. Direct the point into the cavity, keeping the lower carbon a little to the front, when, if the lamp is centred, a beautiful, constant, steady light on the sheet will result.

This form of illuminant is ideal when a constant and dependable source of current supply is available; it adapts itself to the largest halls and the smallest drawing room with equal facilities, when local circumstances are accounted for.

The arc lamp should not be put directly across the mains as is an incandescent lamp. A little forethought will show the reason. The small strips of carbonized wood in the incandescent lamp is



of sufficient resistance to allow only a certain amount of current through at a given pressure, generally 110-114 volts, but with the arc lamp the resistance is very low comparatively, and would form a short circuit when placed across the mains if it were not for the rheostat or resistance which causes the current to rush around its coils, and acts as a reservoir until the carbons are separated a little.

The carbons must be touched together and then separated a short distance, at which point they should burn quietly and without hiss or hum if direct current is used. If hissing and cracking is heard, it may be quickly remedied by introducing more resistance; however, all the available resistance should be in the circuit when the lamp is first started, then if circumstances demand it may be lessened.

In using the alternating current as a source of supply the operator will find it somewhat disagreeable compared to results obtained with direct current. If he has taken his connection from the switchboard of the building he, as a general rule, is able to draw sufficient current to reduce the nasty hum which generally accompanies arc lamps on the alternating mains. If he uses a very hard and very soft carbon in his lamp he may reduce it still more. In the smaller rooms and halls the source of supply is usually a lamp socket, and if an attempt is made to operate an arc lamp after introducing the necessary resistance the attending humming and jumping of the arc usually brings the meeting to a hasty close, or if the operator be of fighting stock and determines to continue it is done so under very unpleasant circumstances.

The alternating system was one of the world's greatest inventions in matters electrical, even if it is not suitable for small arc lamp operating under ordinary conditions. Here again, however, the successful lanternist meets invention by invention and overcomes his difficulties by placing a home-made rectifier in the current with his lamp and resistance.

The alternating current is so named on account of its characteristics which cause it to rise from zero to maximum and back, so many times a second, this of course causes the current to flow first one way and then reverse, so that the carbons in the arc lamp do not have a constant polarity as is the case when direct current is used.

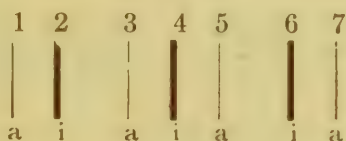
The duties of a rectifier are to allow the current to pass one way only and shut out the back oscillation. The material required to construct one consists of two large gas nipples, two caps to fit, two clay insulating tubes, two rods of aluminum, and two aluminum plates and one of iron, three glass jars and some baking soda. The gas nipples should not be less than two inches diameter and five or six inches long, the caps should be taken to the nearest machine shop and drilled through the top with a  $\frac{5}{8}$  inch hole, through which the clay tube, which should be broken off about one-third, passes. Inside the tube go the aluminum rods, which may be procured from any metal merchant, or if not available in this form, the metal may be secured and rods cast in a plaster of paris mould.

It will now be readily seen that the contrivance resembles the interior of a common bottle or sal ammonia battery used for ringing door bells. If desired and convenient the carbon and jar of such a battery may be used in place of the iron cylinder, but the aluminum rod is essential.

If one such cell were placed in the circuit the efficiency would be reduced over 50%, so that two such cells are needed and one containing the two plates of aluminum with the iron in the centre. The solution is a saturate of acid sodium carbonate or bicarbonate of soda, which may be purchased from chemical dealers in preference to the form known as baking soda.

The cells containing the iron cylinder are placed one on each side of that containing the three plates which are arranged with the iron plate in the centre (the plates need not be thick, about  $\frac{1}{8}$  inch and should be 5 x 7 inches). The connections are made as follows: The iron of cell No. 1 is connected to one aluminum plate of cell No. 2 and also to one of the alternating current mains, the aluminum plate of cell No. 1 is joined to the aluminum plate of cell No. 3, the other aluminum plate of cell No. 2 is joined to the iron plates of cell No. 3 and also to the other alternating main. The direct current is drawn off from the first and last aluminum plate and from the iron plate of No. 2.

Fig. 1 will represent the rectifier, the thin lines represent aluminum and the thick ones iron.



1 is joined to 7, 2 to 3, 5 to 6, the direct current is drawn from 4 and from 7. The alternating current is joined to 2 and 3 and 5 to 6.

It will not be necessary to enter into a theoretical consideration of the rectifier, but it will suffice to say that when the current flows one way it passes through without much resistance, but the back wave is blocked back by means of a high resistance resulting from electro-chemical action.

Other forms of illuminents are used, but their use is being more and more restricted as the use of electricity advances.

Should the operator of a lantern be unable to approach the desired distance to his sheet and cannot secure as small a picture as he would desire, he may unscrew the rear combination of his objective (front lens) and secure a much smaller picture by bringing the lantern front forward a few inches.

(The End.)

#### A FEW SHORT CUTS.

Numbers, instead of names, on the medicine bottles in the cabinet obviate the calling out to the assistant of objectionable sounding names, such as carbolic acid, peroxide, iodoform, chloroform and the like.

It will no doubt be universally agreed that much time will be saved if our patients, particularly the ladies, be given the hand mirror after the operation rather than before or during.

A small piece of blue or indelible lead dissolved in the separating varnish gives an excellent guide to cut down in cast or model work.

Impression trays, when boiled in water containing a piece of common sapolio and a little ammonia, at once give up their adherent coating of modelling compound.

Platinized gold plate saves much time and trouble if used for backings, since its high fusing point insures against burning and consequent loss of the piece.

*Geo. A. Wilson, Jr., The Journal of Allied Societies.*



# THE BRODIE MEMORIAL

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## *An Appeal to Every Dentist in Canada.*

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**A**T the last meeting of the Ontario Dental Society in June, a committee was appointed to undertake the work of securing a memorial for the late Dr. Brodie. This committee was composed of Prof. Montgomery, Dean Pakenham and Lecturer Thomson of Toronto University, together with the following dentists: Drs. Irwin, Webster, Pearson, Wunder, Reade, Eaton, Secombe, Mason, Clark, Fleming and M. P. Corrigan, the convenor.

Dr. William Norman Brodie was, at his death, one of the most eminent entomologists on the continent, and we herewith give a brief sketch of his life:

Born in Scotland about the year 1832, he came as a boy to Canada with his parents who settled in York Township, 30 miles from Toronto. In early life taught school, later came to Toronto and studied dentistry, and practised his profession here for forty years. Early in life he evidenced a great interest in natural history and so diligently did he labor in his spare moments that he became, as someone has so aptly said, "A specialist in every department of natural history." He became above all a great entomologist, and paid particular attention to the study of those pathological structures known as galls, and also to the parasites of the insects forming these galls.

Dr. Brodie's collection of galls numbered 18,000 specimens, and a few years before his death it was purchased by the Smithsonian Institute, and to-day may be seen in the United States National Museum at Washington. It is said to be the finest on the continent.

Something of the magnitude of his labors may be gained from the fact that his complete collection consisted of over 100,000 specimens, representing the whole flora and fauna of Ontario, with the exception of fishes and mammals. These were all carefully labelled, mounted and classified.

Shortly after this purchase by the United States the Ontario Government purchased his remaining collection of 92,500 specimens, and these now are found in the new Museum at Toronto University. Although probably worth about \$8,000 in money, Dr. Brodie turned this collection over to the Province for the modest sum of \$1,000, because he was desirous that the research work of a life-time should find a suitable repository, in order that others could carry on the work that he had started. At the same time he was appointed Provincial Entomologist at the University, which position he held from 1903 until his death in 1909.

Now the Brodie Memorial Committee met at the Dental College on Sept. 1, and decided to have a life-size portrait of Dr. Brodie painted and suitably framed, and hung in the Dental College. The work is to be executed by Mr. Owen Staples, a leading Toronto artist and a friend of the late Dr. Brodie. The total cost will be about \$180. No one is to contribute more than \$2 to the fund, and smaller sums will be gratefully received. It is the intention of the committee to make the memorial a national one, and an appeal is made to every dentist in Canada to contribute his mite, to honor one of the great men of our profession.

Dr. Brodie sacrificed his desire for wealth and position in order that he might accomplish his great work. He contributed his life for the advancement of science and the welfare of his country. Let us not lose this opportunity to honor him, and in so doing honor our profession.

All subscriptions are to be sent to the Treasurer of the Fund, Dr. Horace E. Eaton, 631 Sherbourne St., Toronto. These will be acknowledged in each of our three dental journals. Let every one contribute. *Do It Now.*

M. P. CORRIGAN,

Chairman.

DR. HORACE E. EATON,

631 Sherbourne St., Toronto,

Treas. Brodie Memorial Fund.



A Department Devoted to Practical Questions  
in Relation to Office Management.

BY N. S. COYNE, D.D.S.

**A** COMPARISON of the fundamental principles underlying the practice of dental surgery to-day with that of fifty years ago would reveal a degree of progress scarcely conceivable. The advanced ideas in art, science and medicine, as applied to dentistry stand as a monument to those great men whose lives have been spent in the interest of the profession.

While the above is true, it is a well known fact that little or no thought has been given to the business side of the profession. Great men and ordinary men alike have blushed to speak above a whisper in regard to this phase of the practice of Dentistry. The words "Dental Ethics" have shone out brilliantly on the banners of the men in the front rank and dimmed the eyes, so to speak, of those coming on. I am a believer in "Dental Ethics," which I shall explain farther on.

Why should dentists be compelled to work early and late, dragging out the last ounce of nervous energy and physical strength in order to make a livelihood for wife and family? Are not the services of an honest, competent dentist more valuable to the recipient than the services of almost any other professional man? Are they not more valuable than the fine garments, or the sparkling jewelry of the merchant? We are all agreed and with one accord answer in the affirmative. Why then can men in all other walks of life afford time for pleasure while the dentist plods wearily on allaying the pain and suffering of humanity and arrives at the evening of life with a very small allowance of this world's goods.

In the town in which I live, move and have my being, it is a significant fact that physicians, bankers, school principals, lawyers, druggists, farmers, machine agents, manufacturers, merchants, etc.,



all find time to enjoy a little recreation on the bowling green during the afternoons—while we dentists seem to be in a class by ourselves and are found grinding away, as it were, under orders; and this town I believe is no exception. Dentists of all men require fresh air and sunshine most, and get the least. Why? They cannot afford the time. Like the song of the shirt, "The walk that costs a meal."

In conversation with a manager of one of the dental supply houses in Toronto last month I made the remark, "I believe that 50% of the dentists of Ontario can't pay cash for their supplies." The manager said: "Your estimate is away low." I said further: "I believe there are 20% more who don't honor drafts on presentation." He answered: "You are away low again in your estimate." Now surely this is a sad state of affairs, and one which should make every dentist in this province "sit up and take notice."

If I were to take time and space here to relate the facts concerning the financial situation of many, many dentists that I know personally, some veterans, some middle-aged, some medalists, I would be howled down as a traitor to my profession. But, nevertheless, the fact remains. I know whereof I speak.

In view of the condition of affairs that we all know to exist, is it not up to us as sensible, practical dentists to size up this question fairly, *shun no facts*, be honest with ourselves and investigate with a view to finding out wherein the fault lies.

We might first take a look at that phase "The business side of the profession" and ascertain the breadth of its application. To me it means more than, so much for pounding in a gold filling—or so much per—for "sets of teeth." It appeals to me as embracing several aspects, viz., first, the execution of all operations in a thorough, scientific, as well as practical, honest, real and business-like manner; second, the ability to assess a legitimate, remunerative fee, with, of course, a knowledge of the basis on which such fee should be reckoned; third, a clear conception of how to manage patients, and arrange appointments in such a way as to be most satisfactory to the former, and necessitate the least waste of time to the operator; fourth, a knowledge of how to render and collect accounts with the least or no offence to one's clientele, but with

sufficient firmness to insure the best financial results to the dentist; fifth, an idea of how to properly purchase office supplies and a thorough appreciation of the value of punctuality in meeting one's financial obligations, not only to the dental depots, but in all business transactions.

Now it is not my purpose to treat this subject under the several heads at this time, but I simply mention these to more fully illustrate the broader view one may take of this phase of dental practice. Personally, I can see no reason under the sun why this aspect of dentistry cannot be discussed at any dental convention, association or gathering, or propounded from the professor's chair.

The words "Dental Ethics" keep many a well meaning man from giving the financial side of dentistry much thought and why? What is the meaning of word "Ethics?" The dictionary I consulted gives the definition of "Ethics" as "A science of duty—a system of principles and rules of duty."

Now the word duty has also a very full meaning, at least in my way of thinking. We as dentists have many duties to perform. Duty to our patients. Duty to our fellow practitioners. Duty to our wives and families. Duty to *ourselves*, and last but not least, duty to the business public.

Let us talk plainly now, so that no one may misunderstand. If I work all day administering to the dental needs of the public and in so doing become so absorbed in my service that I fail to give sufficient attention to the financial side of the question, to enable me to properly provide for my wife and family, or meet my financial obligations to my business associates (as I know to have been the case with many dentists), am I following "a system of principles and rules of duty?" In other words, am I ethical? In my judgment—not by any means. If I deceive the public by stuffing in "silver" plugs instead of properly preparing cavities and properly filling those cavities, because I can do the former from 50c to 75c, whereas the latter course might necessitate a change from three to five times greater—am I following "A system of principle and rules of duty?" Am I ethical? No. Doubly no. If I hoodwink the public and tell them that prophylactic treatment or ordinary polishing of teeth "wears the enamel off" because I'm afraid to spend two hours and charge \$4 or \$5



for it. Am I following "a system of principles and rules of duty?" Am I ethical? Not for a minute. I admire the ethical dentist. I believe the advertising dentist is dishonest, but I like ethics in the broad sense of the term, which I believe is the proper application.

Why aren't all dentists men? Why don't all dentists render the best services and collect a corresponding fee? Why do many dentists "clean teeth" for nothing when a patient has had five or ten fillings (or fewer) inserted? Or as one man says "when the bill runs over \$25.00?" What is to be gained by our colleges teaching the "preparation of cavities" from a scientific standpoint, if scores of dentists, yes hundreds of dentists, are simply going to "bore holes" and "plug" them? Most men when asked that question say: "The public won't pay for anything better." Well, now, we certainly can't expect the public to pay for something they've never heard of. We can't expect the public to pay for dental *services* when we say we're selling silver fillings and porcelain teeth at so much per. The public are not at fault, but the dentist is.

But I think I hear some one say, as I have heard dozens of times, "Dr. Snobbs makes plates for \$8.00 or \$10.00 and puts in silver fillings for 50c or 75c and treats teeth for \$1.00. It's the custom, and people won't pay more." This is of all arguments the most illogical and foolish. Because Dr. Snobbs gives poor service, is no reason why I should, is no reason why any other man should, but is a mighty good reason why others should not. One dentist doing—"tooth tinkering" is enough. Dr. Snobbs cannot give good services any more cheaply than I can or any more cheaply than any other reader of this magazine. He must be an \$8.00 dentist. The people of to-day are looking for quality, the genuine article, and they expect to pay the fee. No man expects to buy a fur coat at a tweed coat price. It's up to the dentist to disregard Dr. Snobbs, otherwise we are meeting him on his level. Better keep our own ideals high and bring him to our level. Be honest with ourselves and then we shall be honest with the public.

Now comes the sticker. "Our patients will all leave us and employ the cheap man, if we do good dentistry and charge three or four times as much as the 'cheap John' or advertiser does," is the argument of a great many. To that argument I have to say that if our patients have no more confidence in us than that, they'll go to the dentist across the way anyway. The only way we could hope to retain their patronage would be to hold out some bargain bait once a month or so. Not much. They'll never leave. If we're honest with our patients they'll soon find it out, and we must remember the people like to know they're dealing with honest men, particularly honest dentists. This is more than theory. It's a settled fact.





This Department is Edited by C. A. KENNEDY, D.D.S.  
Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

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A NEW REMEDY FOR BURNS.—This is simple, a lukewarm yeast poultice; either the dry yeast of grain or the wet yeast of breweries. The poultice is applied to the burns as quickly as possible. From the recent work of Fernbach, it appears that the cellules of the yeast can absorb the bacterial poisons.—*Franklin Institute Journal*, March, 1911 (*Dental Brief*).

#### A FEW SHORT CUTS.

Slabs and spatulas used in the mixing of silicate material can be cleaned very quickly if placed at once into water.

Alcohol followed by glycerine as an antidote for carbolic acid burns when accidentally gotten on the lips; perhaps the only known medicaments approaching a remedy for such wounds.

Again alcohol for removing iodine stains from hands or office linen; if taken early the entire stained surface can be whitened, no matter how extensive the space.

If the hypodermic syringe be drawn partly full of alcohol before putting away, it will be found subsequently not only in working order, but sterile.

Oxide of tin, a small box in the cabinet, which with a leather disk on the engine, immediately gives a fine polish to gold, porcelain or vulcanite without going to the laboratory lathe.

*G. A. Wilson, Jr., Journal of Allied Societies.*

DENTAL ALVEOLAR ABSCESS CURE.—It is generally recognized that formaldehyde is a desirable ingredient in applications to putrescent pulps. Now, formaldehyde is one of the most irritating agents to animal tissue known, and if any of this gas gets past the apices of the root the tooth will be lame forever, if it is not ex-

tracted immediately. It is necessary, therefore, to add an ingredient in the preparation that will allay or modify the action of the gas, which can be done with various drugs. A few years ago I suggested the following:

In compounding this, insist on the druggist using cresol, otherwise liquid cresolis may be used, a drug compound containing several ingredients, rendering it unfit for our purpose. Most of the cresol on the market is red, which, if it is real cresol, is acceptable because it will act the same, but for one reason it is objectionable, it is liable to stain the tooth. Pure cresol and formaldehyde solution mixed appears as colorless as a fresh specimen of beechwood creosote. If it is deemed desirable to have this in the form of a paste, mix in with a powder composed of one part thymol to two parts precipitated calcium phosphate to the desired consistency. In treating an abscess in a deciduous tooth the pulp chamber may be packed with the paste and covered with cement with fair assurance that the tooth will remain comfortable until time for its removal arrives.—*J. P. Buckley, Cosmos.*

SETTING BRIDGES.—Ample space should be cut before the bridge is set between the cervices of the dummies directly adjacent to the abutment crowns and the margins of such, to allow these margins to be adjusted, and to prevent the gingival hypertrophy always produced in these regions. In setting bridges the attaching cement may flow under the saddle and quickly become a source of infection; this must be met by greasing all exposed parts of the bridge and wrapping each interproximal space with floss, which, after the bridge be set, may be swept back and forth, dislodging cement excess—*C. J. Grieves, Dental Summary.*

USE OF PEROXIDE OF HYDROGEN IN ROOT CANALS.—“We all know that as peroxide of hydrogen works by liberating oxygen, when any substance capable of being oxidized is encountered and that an expanding gas is formed with considerable pressure, great care must be exercised to prevent forcing peroxide through foramen at the apex, if either pus or blood be present, unless a good opening is present through the gums.”—*F. S. Thornburg, Pacific Gazette.*

HANDS: TO KEEP THEM SOFT AND WHITE.—Fry out the fatty trimmings of mutton by placing them in a dish on the stove. Strain through cheesecloth and beat in sulphur in the proportion of one-

half teaspoonful to one-quarter pound of tallow. Rub this thoroughly into the hands at night and wear a pair of kid gloves at least one-half size larger than usually worn, so as not to impede circulation. After a few nights a great improvement will be noticed, and if this simple treatment is used each night the hands will be very soft and white and will never chap.—*E. D., Harper's Bazaar.*

THE FIRST DENTITION IN THE DIAGNOSIS OF SYPHILIS.—There are certain conditions found in the teeth of the first dentition which are strongly suggestive of inherited syphilis. One of these is microdentism, in which some of the teeth are very small, while others are of normal size, and the condition is almost entirely in the upper and lower incisors. The difference in size is sometimes so slight as to escape all but the closest observations. Another condition which I have noted in many children with inherited syphilis, and on which Fournier lays great stress, is the persistence or permanence of the first teeth far beyond the usual period, thus vitiating the development of the permanent teeth. These two dental conditions in very young children often aid in establishing or confirming our diagnosis.—*Chas. Stedman, Medical Record.*

PARAFFIN SEPARATING SOLUTIONS FOR PLASTER IMPRESSIONS.—A saturated solution of paraffin in gasoline makes a very satisfactory separator for plaster impressions. It dries quickly; the cost may be made in a few minutes after the paraffin solution has been applied, and there is no risk of the plaster impression and that of the cast uniting. It may be used so thin that none of the fine lines of the impression will be filled. It is desirable to first color the impression by staining with an aqueous solution of carmine, or other preferred stain.—*A. P. Kilbourne, Dental Summary.*

CARBORUNDUM FILES.—Carborundum files are now made that compete with ordinary steel files, especially when used on hard metals or substances. A carborundum file will remove material that the steel file cannot touch. One such file will outlast twenty steel files, and as they keep sharp, do not clog or glaze, they cut fast and clean. They are useful in a dentist's cabinet to reach places inaccessible to the revolving carborundum wheel, or for fitting dentures when the work is done away from the office and its appliances.—*T. M. Dental Brief (Dental Digest.)*





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OFFICERS OF THE C. D. A. AND O. D. S. JOINT  
CONVENTION.

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Canadian and Ontario Dental Convention, joint meeting, Brant Hotel, Burlington Beach, June 3-6, 1911.

CANADIAN DENTAL ASSOCIATION.

President, W. D. Cowan, Regina, Sask.; First Vice-President, Bush, Winnipeg, Man.; Second Vice-President, W. G. Thompson, Hamilton, Ont.; Secretary-Treasurer, F. W. Barbour, Fredericton, N.B.

ONTARIO DENTAL SOCIETY.

President, W. R. Greene, Ottawa; Vice-President, J. A. C. Hoggan, Hamilton; Secretary, E. C. Jones, Dundas; Treasurer, F. W. Williamson, Hamilton.

Joint Executive.—J. A. C. Hoggan, Chairman, E. C. Jones, Secretary.

Programme Committee.—R. T. McDonald, Chairman, George Everitt, W. J. Griffin, J. A. C. Hoggan, H. M. Morrow, A. E. Webster, C. A. Kennedy.

Entertainment Committee.—W. J. Thompson, Chairman, J. E. Johnstone, D. Clark, J. W. Bell, H. P. Moore, W. E. Willmott.

Clinic Committee.—O. S. Clappison, Supervisor of Clinics, E. Kelly, F. W. Williamson.

Exhibit Committee.—R. H. Cowan, Chairman, A. C. Burnett.

Transportation Committee.—J. F. McDonald, Chairman, E. M. Fulton.

Publicity Committee.—J. A. C. Hoggan, Chairman, A. V. Lester.

The following is a copy of a letter sent out by the Chief School Inspector of Toronto to each teacher on the staff of the Toronto Board of Education:

BOARD OF EDUCATION.  
Chief Inspector's Office.

Toronto, October 7th, 1911.

Dear Sir,—The Board of Education amended the regulations for granting certificates of honor to the pupils at the last Board meeting.

The Education Act of 1911 provides that teachers may get paid during absence caused by dental treatment as follows:

“Sub-section 4 of section 85 of the Public Schools Act is amended by striking out all the words therein after the word ‘physician’ in the fourth and fifth lines, and inserting in lieu thereof the words ‘or in case of acute inflammatory condition of the teeth or gums by a licentiate of dental surgery, but the period of four weeks may, in any case of sickness, be allowed and extended at the pleasure of the Board without a certificate.’ ”

The Board of Thursday night decided that pupils should get their honor certificates on the same conditions. Pupils who are treated by dentists in accordance with this regulation should get a certificate from the dentists in order to get their honor certificates.

Yours truly,

JAMES L. HUGHES,

Chief Inspector.

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#### DON'TS FOR PARENTS.

“Don't allow children to kiss or be kissed.”

“Don't let your child eat half an apple and give the other half to Johnny.”

“Don't let your boy swap dishes of ice cream with his playmate.”

“Don't let children exchange pencils. Johnny will suck Willie's pencil and get a germ. Same thing applies to sponges.”

“Don't let children drink from public fountains where everybody uses the same cup. Make them carry their own cup or drink from the spout.”—*Dental Summary.*

# ORAL HEALTH

EDITOR — — — WALLACE SECCOMBE, D.D.S., TORONTO, ONT.

ASSOCIATE EDITOR — GEORGE K. THOMSON, D.D.S., HALIFAX, N.S.

A Monthly Journal devoted to the interests of the Dental Profession, and to the furtherance of Public Health through the education of the Public in relation to Oral Hygiene.

Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

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Vol. 1

TORONTO, NOVEMBER, 1911.

No. 11

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## EDITORIAL.

### A PLEA FOR R. C. D. S. MUSEUM.

THE dentists of this beautiful Province of ours hold as their heritage one of the best built and equipped dental schools on this or any other continent. The management of this institution is a marvel to men who have been ignorant of such a form of ownership. To think that such an institution can be run without paying dividends to anyone and where all the students' fees are used for the betterment of the equipment is unique. Yet in the midst of this beautiful and well-governed school how meagre is our library and museum.

To be sure, within the last few months a beginning and (for so short a time) rapid progress has been made in this department, but if we are ever to have a museum worthy of its setting, the dentists of this Province and Dominion must come to its assistance. This department of our Alma Mater cannot be purchased, it must



gradually grow, and if the graduates, either of one or thirty years' standing, would only forward to our librarian any specimens that would be of interest the same would be graciously acknowledged.

Could not the local societies throughout the Dominion take this question up and make collections, that could be allotted space in the museum.

Now as to what is needed.

Books, of course, are of paramount importance, either as single volumes or personal collections. A codicle in your last will and testament to this effect would leave a monument more lasting to your memory than granite. Specimens of ancient dentistry. Unique specimens taken from the mouths of your patients. Skulls of different animals, which, when mounted, will aid in study of comparative dental anatomy, or anything else of historical value.

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#### RECOGNITION FOR DENTAL ILLS.

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A recent amendment to the Education Act is of interest to teachers and members of the dental profession. The Education Act of 1911 provides that teachers may receive salary during absence caused by the necessity for dental treatment as follows:

"Sub-section 4 of section 85 of the Public Schools Act is amended by striking out all the words therein after the word 'physician' in the fourth and fifth lines, and inserting in lieu thereof the words 'or in case of acute inflammatory condition of the teeth or gums by a licentiate of dental surgery, but the period of four weeks may, in any case of sickness, be allowed and extended at the pleasure of the Board without a certificate.' "

The Board of Education of Toronto has also recently decided that pupils should get their honor certificates on the same conditions. A pupil who is treated by a dentist will, on presentation of a certificate from him, be excused for absence and be still eligible for an honor certificate of attendance.

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#### MOUTH HYGIENE EXHIBIT.

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Dr. W. H. Doherty, Dental Inspector for the Board of Education of Toronto, has completed the rough draft of what promises to be a striking and valuable exhibit, illustrating the importance of

mouth hygiene. It is expected that one of these exhibits will be placed in every public school in Toronto. The Chief Health Officer, for Ontario, Dr. J. W. S. McCullough, has expressed his appreciation of its great value to the public and has requested a copy for the Provincial Tuberculosis Exhibit.

The exhibit will contain probably thirty or thirty-five cards, 22 x 28, well illustrated and with the information contained printed in large type.

The Ontario Educational Committee expect to have some arrangement with the Board of Education whereby they may obtain copies. The original outlay will be very large, but the committee hope to be able to supply them at a reasonable cost. The exhibit is in itself a striking lecture on every phase of the question of the importance of healthy mouths. Enquiries should be addressed to Dr. R. J. Reade, Secretary Ontario Educational Committee, 2 Bloor St. W., Toronto.

---

Dr. Will C. Davy, of Morrisburg, Ontario, recently addressed the members of the local Woman's Institute on the subject of Oral Hygiene. Dr. Davy's address was greatly appreciated and was fully reported in the Morrisburg Press.

The subject of the relationship of oral health to general health was discussed in all its phases and a complete history was given of the present oral hygiene movement.

The published report of the address gives Dr. Davy credit for the following very apt illustration of the necessity for a "clean mouth."

"No woman would think of having her home beautifully decorated, polished floors, dainty rugs, everything absolutely clean, and allow the front entrance to contain several inches of mud and filth. A clean house would be an impossibility under those conditions. A clean body cannot be maintained and allow the vestibule, the mouth, to be filled with noxious, fermenting, germ laden filth to be mixed with the food and carried to the stomach, there to interfere with functional nutrition and poison the entire system."

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Dr. H. G. Robb, who practiced for many years in Niagara Falls, Ontario, is now in practice in Calgary, Alberta.

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Dr. Hagey, formerly of Deloraine, Manitoba, has moved to Bassamo, Alberta.

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*John W. S. McCullough M.D.C.M.*

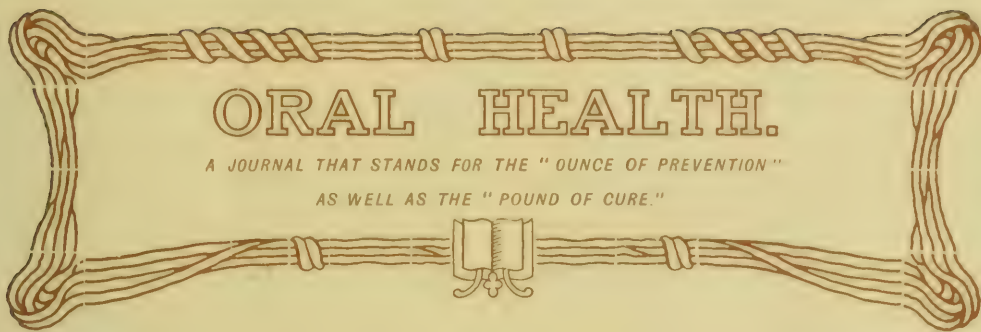
Chief Health Officer of Ontario.

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## THE IMPORTANCE OF PROPER ORAL CONDITIONS IN THE PREVENTION OF DISEASE

By J. W. S. McCULLOUGH, M.D.C.M., CHIEF HEALTH OFFICER  
OF ONTARIO.

**T**HE first meeting of the season of the Section of State Medicine of the Toronto Academy of Medicine was held on the evening of October 27th, 1911. In addition to the President, Dr. Powell, the meeting was attended by a large number of the Fellows of the Academy and of the members of the dental profession of the city who had been invited to be present. This meeting was one of the best, both in point of attendance as well as general interest, held by this section.

In view of the very great interest which is being aroused in the care of the mouth and teeth conditions of pupils in the city schools, it was most appropriate that the papers presented should deal with these important questions. The first subject was "The Importance of Oral and Dental Conditions."

This was discussed by Dr. W. P. Caven from the medical standpoint. He referred to the fact that while medical men formerly neglected almost entirely mouth conditions, they are beginning to recognize the very important part that dental caries and oral sepsis play in the health of the people. Doctors now recognize the dentist not as a mere mechanic, but as a scientifically trained man, and that the whole question of oral sepsis is equally the sphere of the physician, dentist and surgeon. After incidentally referring to the well-known conditions of dyspepsia and gastritis often dependent



upon improper mastication, Dr Caven discussed the various infections which may result from a dirty mouth, such as those of the parotid gland in typhoid fever,, and the enlargement of the glands of the neck following infection through the mouth with the tubercle bacillus. Mention was made of the resulting gastric and intestinal sepsis which may, and frequently do, follow oral sepsis, as another influence in causing anæmia. He referred to the work of Hunter in this respect, pointing out that one of the cases which gave him a clue to oral sepsis as a cause of these conditions was a case of sub-acute gastritis caused and maintained by three septic teeth, and permanently cured by their removal. The pus and other organisms found in foul mouths pass to the stomach, causing a catarrhal gastritis, with diminished secretion of hydrochloric acid, the presence of which in a free state is necessary for the destruction of such organisms. At first the stomach condition is mild in character and due to fermentation. The persistence of the original cause sooner or later produces an actual septic infection of the gastric mucosa. Many conditions of obscure origin may be traced to bad oral conditions.

Dr. Caven's experience leads him to believe that 60% of cases of pernicious anæmia result from septic conditions of mouth, tongue and teeth. He quoted Hunter's conclusions:

1. Pernicious anæmia is a chronic infective disease.
2. It is the result of a special infection of the digestive tract, especially of the stomach, frequently, although to a less degree, of the mouth and of the intestine.
3. The chief source of the infection is oral sepsis arising in connection with long-continued and neglected cario-necrotic conditions of the teeth.

One very important portal of entry in rheumatic fever seems to be through infected tonsils. The small inoffending tonsil may be the very worst. The doctor assailed the undisinfected toothbrush, pointing out that, according to the researches of Smale and Carmalt Jones, this article, after being used, is an infection carrier and should be treated as follows:

1. All toothbrushes before and after use should be boiled for five minutes; or
2. A new brush used each day; or
3. The brush may be rinsed in Trikresol 1% or allowed to stand between using in Formalin 10%.

Dr. Primrose discussed the question from the surgeon's point of view, acceding to the statements of previous speakers, and pointing out that bad teeth and bad mouth conditions were responsible not only for many of the surgical affections of the immediate neighborhood of the mouth, such as cancer of the tongue and jaws, but that, in addition, tuberculous joint conditions, osteomyelitis, glandular and meningeal affections sometimes have their origin in bad oral conditions.

Dr. Doherty, Dental Inspector of the Public Schools of Toronto, spoke of the question in relation to school children. After referring to the widespread interest which this and other health subjects are beginning to evoke amongst all classes of citizens, he stated that a systematic study of mouth conditions amongst school children gives the information that only three or four per cent. have sound teeth. The same is true in all civilized countries. In two schools of the city 95% of the children were found to have decayed teeth, with resulting abscesses, causing pain, preventing the child from masticating properly, and fouling their stomachs with a stream of pus. In addition, adenoids, infected tonsils and general bad oral conditions result in damage to the physique, the mental and moral welfare of the growing child. Reference was made to the conclusions of Wm. Hunter, already referred to by one of the speakers. It was pointed out that even amongst the well-to-do, who lavish every other care upon their children, the neglect of their teeth and mouths is often painfully apparent. The school child must have his shoes clean, but may pass muster with a dirty mouth. The doctor referred to the fact now becoming apparent to physicians that foul teeth and infected mouths are often the cause of a variety of diseases, and amongst them tuberculosis is no exception. This is evidenced by the condition of the neighboring glands, and authorities were cited to show that the tubercle bacillus has frequently been found in the pulp of decayed teeth and in the submaxillary glands of the same person. He pointed out the necessity for the care of the so-called temporary teeth, not only in the interest of proper mastication and prevention of their being a source of infection, but also that there may be a proper development of the permanent ones. Proof was given of the backward condition of school children affected with painful and diseased teeth and the suggestion made that the "bad boy" may be due to such physical cause. Instances

were cited of rapid advancement in children whose backwardness was assigned to these physical causes, and how mental improvement indicated by rapid advance in their studies, followed the proper treatment of unhealthy teeth and septic mouths. In short, the whole paper impressed one with the idea that dental inspection of schools is most necessary, that it will be of very great value in the work of preventive medicine, and that the writer of the paper not only knows his subject, but is pursuing it in a practical manner calculated to be of permanent benefit to the children who are under his care.

Dr. A. J. McDonagh spoke upon the subject of "Pyorrhoea Alveolaris," illustrating his subject by most interesting slides and models. The name pyorrhoea alveolaris, he explained, is used to cover a number of diseases, while in fact it means a condition the result of several diseases. In its broad meaning it includes gingivitis and alveolar osteoclasia. The gingivae is the soft tissue through which the tooth is born, hence the name gingivitis. In this condition it sometimes happens that to so advanced a stage does the inflammatory process extend that the tissue dies and we have what appears to be a gangrenous gum. This frequently extends to the surrounding tissue, and we have ulcerative gingivitis. Usually some constitutional cause is at work in such a condition and shows itself in the gums in persons who have uncared-for teeth. Gingivitis is due also to the mechanical irritation of deposits on the necks of the teeth. These deposits, commonly called tartar, arise from the saliva. Sometimes a great amount of it exists without much effect on the gum. On the other hand, small amounts are sometimes associated with purulent conditions of the gum and breaking down of the bone margin.

In another condition described by Black as phagadenic pericementitis (the pericementum being the periosteum of the tooth-root) there is no pus and no deposit, but the pericementum is destroyed.

Rare cases are found which are given the name of rheumatic pyorrhoea. In these cases the disease is entirely in the root of the tooth, the gingival border not being affected. An abscess is found deeply seated, requiring for its drainage an incision over the root. A deposit is in these cases sometimes found at the root, the removal of which and curetting of the bone affecting a cure. It is said that a great many cases of rheumatism are cured or greatly bene-



fitted by the cure of the pyorrhoea. This affection may, and usually does, exist for some length of time before the patient is aware of its existence. It is a slow disease except when it arises from nervous shock or great worry, when its progress is very rapid. Dr. Talbot ascribes this condition to faulty metabolism, faulty assimilation and auto-intoxication. Dr. Leary says the disease is due to the fusiform bacillus, but it would seem necessary that some other organism, such as the staphylococcus or streptococcus, are present to cause the pus formation. Vaccine treatment has been used without success in this condition.

Referring to Dr. Hunter's theory of the origin of pernicious anaemia being due to teeth cavities and ill-made crowns or bridges, it was pointed out that, while no doubt the infection may be received under such conditions, there are millions of organisms contained in pockets under the gums which are hidden from the eye of the physician and dentist. The cast of such a condition was shown where a probe extended into such a pocket fully three-quarters of an inch. Another cast showing a pocket three-eighths of an inch in depth was used to illustrate the area of infection which may occur in the mouth. The average circumference of the teeth at the gum line is  $1\frac{1}{8}$  inch. This multiplied by 30, the number of teeth, gives 34 inches as the circumference of all the teeth, and this multiplied by  $\frac{3}{8}$  gives over 12 inches of absorbing surface in a person's mouth. The possibilities of infection in a septic mouth are correspondingly great.

As to cure, the doctor asserted that a functional cure of this condition is possible in 90% of cases, and, while it is possible the disease may recur, the chances of recurrence are not likely if the patient follows proper instructions. The value of proper skill in the treatment of these cases was emphasized.

The subject of "Orthodontia" was discussed by Dr. Guy G. Hume. He said that the increase in cases of mal-relation of the teeth of present-day children is due to the sort of food these children receive. Soft, mushy foods upon which children are fed should be replaced by those requiring mastication, so that the bone and muscles of the jaw would be properly developed and the teeth maintain their proper relation. An example of a race having no mal-occlusion of the teeth and only 2% of caries is the Igarots, who, fed as they are on half-cooked rice and camotes (sweet potato), are obliged to masticate properly. Between meals their young children

are given hard substances to chew.

Facial expression and physiognomy are important matters. Mal-occlusion of the teeth, by giving a protruding or retreating chin, may destroy an otherwise handsome face. The consciousness of their featural deficiencies has often a marked bearing on the mental character of such persons. These cases are often associated with obstructions in nose or throat, and the remedy is partly in the hands of the rhinologist and partly in those of the orthodontist. In their co-operation alone can proper results reward the effort to remedy these deforming conditions.

The importance of prevention was impressed upon the audience. This may be secured by attention to the deciduous teeth.

Between 5 and 6 years there should be a space between the incisors of at least a ten-cent piece, which shows that normal development is taking place. There should also be a lateral development in the molar region. Taking the arch as a whole, there is a downward and forward movement in the upper and in the lower arch an upward and forward development.

Various slides were shown, illustrating some marked examples of the deformed features due to mal-occlusion as well as the improvement obtained by treatment.

Dr. Hume pointed out that it is a mistake to delay preventive measures until all the permanent teeth have erupted. The correct time to begin treatment is just as soon as there seems to be lack of development. Teeth should not be extracted in any case of mal-occlusion, as every tooth has its individual function in the arch.

The reading of the papers was followed by a general discussion, after which refreshments were served.

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#### UNCERTAINTY.

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To-day thou art a hero grand;  
To-morrow thou art "nit"!  
True wisdom in this hasty land  
Is knowing when to quit.

# PRACTICAL SUGGESTIONS FOR THE COUNTRY PRACTITIONER

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BY SYDNEY W. BRADLEY, D.D.S., RICHMOND WEST.

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THESE ideas are for country dentists principally; some will be useful to the city practitioner as well. Most of the articles described are not at all original—one or two are, but the others are gathered from dental journals, and, by the way, for the country dentist who finds it difficult to attend a dental society a few *good* journals will give you the latest thoughts in the dental world. Get the journals bound each year and you will be surprised how often you will refer to them. The yearly index enables you to look up any subject quickly. Buy the new dental books. Only a few come out each year, and you cannot afford to be without them. Buckley's new "Materia Medica," Haskell's "Manual of Plate Work," and Johnson's "Operative Dentistry" (particularly Dr. Herbert Pullen's chapter on orthodontia) are splendid. There is a new edition of "The American Text-Book of Operative Dentistry," by Dr. Kirk, and a new prosthetic book by Dr. Wilson, of Cleveland, which should be worth studying.

## ORTHODONTIA.

Being the only dentist in the community, I am compelled to do orthodontia, and from five and one-half years' experience—bitter and otherwise—I have come to the conclusion that there are no short cuts in it. The only way to correct mal-occlusion is to do it scientifically, "according to Hoyle" and your own intelligence. Study the etiology, make a careful diagnosis, and have correct models from which to work. It is as yet the most fascinating branch of my work, also the one which has given me as many, if not more, regrets than any other.

## A GOOD LAMP FOR THE OPERATING ROOM.

One of the first difficulties I had during the early days of my practice, when the days shortened, was to get a satisfactory lamp by which to work. I overcame the difficulty by getting a "student's lamp" (made by the Manhattan Brass Co., New York) from the T. Eaton Co., costing about five dollars. The lamp had a fairly large cylindrical wick. Remove the globe and its wire holder and soft-solder a tin tube to the part running out from the ball and



supporting the burner. This tin tube is made large enough to hold the tube of an ordinary six-inch lamp reflector. Attach a shade to this reflector so that the direct rays of light will not come on your eyes. This shade is made of soft, tough cardboard bent to a suitable shape and fastened to the back of the reflector with mucilage. At first I placed the lamp on my bracket table, the arm of which is a good strong one, made by S. S. W., but last winter the village blacksmith made me a swinging arm, which leaves more room on the work-table. This lamp may be swung in any direction, and raised eighteen inches from lowest position.

#### HOW TO MAKE A ROOT CANAL DRIER.

An instrument which I find very handy is a root-canal drier made from a ball of copper about three-eighths inch (or ten m.m.) in diameter, a piece of silver wire, gauge sixteen B. & S. (about the size of an ordinary alignment wire), and an old cone-socket handle of a mouth mirror. The copper ball has two holes drilled in it at right angles to each other. An old burr (cut chisel-shaped) will bore them fairly fast. One is made large enough to admit the cone socket handle, which is cut off one-quarter inch from the threaded end and soldered into the hole with hard solder. The other hole is drilled large enough to hold the silver wire tightly. The silver wire is not soldered, as it has to be renewed frequently, being bent to adjust it to root canals difficult of access. This wire is one and one-eighth inches long, and is tapered to a fine point. Screw the cone socket end into a handle and the instrument is ready for use. Hold the copper ball over the alcohol lamp for a minute and you can dry out in short order any canal that it is possible to dry out. The ball holds the heat, and the silver wire is the best of conductors. The copper and wire may be procured from the J. E. Wilkinson Co., Toronto. The idea of this instrument was procured from an S. S. W. catalogue.

#### THE USE OF THE THERMOS BOTTLE.

To have things run smoothly, you need hot water at your hand all the time. Procure a quart-size Thermos bottle and fill it with boiling water every morning. Most days it will be sufficient for all day, and it saves the dirt and smell of a coal-oil or gasoline stove and the time of waiting for warm water.

#### A SIMPLE WAX SUCKER.

For taking out the surplus wax from an inlay model, I made a "sucker" from an old hypodermic needle and syringe. Use a

curved needle, with its point broken off, and file to a suitable size. Saw the syringe barrel off close to, and below, the finger grips, and place some absorbent cotton in it. Now fit a piece of rubber tubing over this end, heat the point in a flame, hold the other end of tubing in your mouth, and you can cut away as much of the cavity wall of the wax pattern as you wish. A sharp D.P. excavator (No. 22) is splendid for trimming out large bicuspid and molar patterns, finishing up with the sucker to make undercuts. This idea was procured at an Ontario Dental Society meeting.

#### THE USE OF A MAGNIFYING GLASS.

If you want to get a few surprises about some of your work which looks "beautiful," use a small magnifying glass, and you will have some of the conceit taken out of you.

#### A SYSTEM OF BOOK-KEEPING.

In keeping my books I use only two. The appointment book (which is also my day-book) is a Daily Journal, eight inches by six, one day to a page. In this book I make diagrams of all work done. The other is a loose-leaf ledger, ruled as an ordinary ledger. The day-book tells in minute detail about every operation, abbreviations and symbols being used, and the ledger tells you the patient's total indebtedness. The latter must be written up to date. Once in a while I use a bank-book, which is an *essential* to a *successful* practice.

#### MANAGEMENT OF OFFICE, AND "HABITS."

Why do country or town people leave their home dentist and go to the city to procure dental services? We have received exactly the same dental training, and country boys are just as good students as their city cousins. The product from the college must be just as good. We have the necessary facilities to do every operation except, perhaps, a porcelain crown or inlay, which our city confreres do, but still we lose some patients, and why? We can blame ourselves principally. City offices, as a rule, are dainty and clean, and conducted in a businesslike way. Appointments must be made and kept; no lax methods are tolerated. There is an air about a city dentist which inspires confidence in the operator. Very often we country dentists lose the best and most desirable patients by not keeping up with the best people in the community. Dress cleanly and neatly; wear a neat, clean operating coat; keep your

shoes shined, your nails manicured, and don't have the smell of tobacco on your clothes or breath. You can smoke moderately and do this, but not during business hours. Use lots of clean towels; place one on the head-rest while the patient is being seated, and another over his garments. Do not wipe your instruments on this towel either. Use napkins about four inches square, made from cheap bleached cotton or nainsook without the starch in it. Use J. & J. paper table covers, or, better, still, linen squares, on your bracket table. Have a nice jar containing a twenty per cent. solution of formaldehyde, into which place five per cent. borax solution, and let your patient see you putting your instruments into this jar. "Seeing is believing." Oftentimes you can only let the instruments remain a few minutes, but generally they can remain a great deal longer. Above all, keep your spittoon clean and sweet-smelling. Keep a supply of antiseptic mouth-wash on hand. If there be no drug store in your village, and in cases of extensive extracting or treatments requiring further care on the patients' part, give them a six or an eight-ounce bottle, with instructions for its use. For extraction of a single tooth or root which is not abscessed, the homely hot water and salt prescription will prevent much after-soreness and inflammation.

Talk up-to-date dentistry to your patients, and they will have it done, and pay fairly well for it, too. Don't *clean* teeth. Give your patients prophylactic treatment, and get a fair fee for it.

We often do not procure the fees our city confrères receive, but our expenses, as a rule, are not nearly so high, and perhaps at the yearly stock-taking we have had as much pleasure, as many troubles, done as much good, and saved as many dollars from our work as the city dentist.

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#### GOOD READING.

Reading is companionship, education, culture. It upholds, and furnishes, and beautifies the soul. It develops confidence, enriches conversation, and cultivates grace. The knowledge of good books "is the food of youth, the delight of age, the ornament of prosperity, the comfort of adversity." It is an open door to the best society, a stepping-stone to the highest fame, a crown of honor that outshines the sun. These things being true, it is one of life's necessities that we should read good books and not weary therein.—Anonymous.



# THE CONDUCT OF A DENTAL PRACTICE FROM THE BUSINESS STANDPOINT

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Dr. Brush's Address to the Toronto Dental Society at McConkey's  
Restaurant, October 24th, 1911.

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BY W. CECIL TROTTER, B.A., D.D.S.

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**T**HE Conduct of a Dental Practice from a Business Standpoint" was Dr. Brush's topic. He discussed the subject in an informal way and answered all questions put to him as he went along. He gave ready and convincing replies to all questions submitted. Altogether it was a most enjoyable evening and should prove profitable to every one of the sixty men present. I will endeavor to give an outline of Dr. Brush's remarks.

He started off to show that there was nothing unprofessional in professional men discussing business subjects or in adopting business methods in the conduct of their practices. Business being simply an exchange of values, we as dentists come under the head of professional business men, in contradistinction to commercial business men. The latter exchange commodities for money, whereas we exchange our knowledge and skill for money.

Accurate estimation of expense or cost is the most important item in the successful conduct of a dental practice, as it is in the successful conduct of any business. A dentist's expense consists of rent, taxes, telephone, gas, electricity, water, heat, stamps and stationery, dental supplies, fire insurance, interest on cost of education, interest on cost of equipment, annual cost of replacing depreciation in equipment, laboratory expenses, assistants' wages, and last, but most important of all, though most generally overlooked, the salary of the dentist himself. In every other business the manager's or proprietor's salary is always figured in as one of the expenses, and so it should be in our case, as it is necessary for us to draw certain sums to live upon. Most of us would feel discouraged at taking up the profession of dentistry with all the length and expensive preparation which it necessitates if we did not expect to draw at least twenty-five hundred dollars per annum. Many clerks, travelers, etc., draw as much or more than this, so surely we are at least entitled to this amount per annum. Most men will find that all the above expenses, including the salary, amount to between four and five thousand dollars per annum. Many of us will be surprised to learn that we cannot show any profit until our gross

business amounts to more than five thousand dollars, as one cannot legitimately consider his own or his family's living expenses, which constitutes his salary, as profit. Profit is what can be put away for a rainy day. Nine out of ten practitioners consider the amount of business they do as the amount they earn per year, and endeavor to live on the same plane with their friends who are drawing as much in straight salary as they are doing in gross business. Another common error is to estimate the amount charged on the books as the business done instead of the amount collected.

Paying yourself a salary every week is an excellent way to make you realize where you really stand financially. If you have difficulty taking out the cash for your salary every week, after paying all other office expense, you may make up your mind that something is radically wrong with your methods of conducting your practice. You are charging too little or not collecting what you do charge.

In order to find out how much you should charge, first of all figure out your expenses, including your own salary, then divide this by the number of hours you think you should work during the year. Taking out Sundays, Saturday afternoons and public holidays, besides two or three weeks additional holidays, and allowing a few days for sickness or emergencies, you will find that you can only count on from 250 to 275 working days each year. Not counting consultations, treatments and examinations, a man cannot do himself or his work justice and work steadily at the chair for more than six or seven hours a day, which means a grand total of from 1,500 to 1,800 working hours in a year. Therefore, in order to meet expenses, it would be necessary to charge at least three dollars per hour, and four dollars an hour if we expect to show a profit to put in the bank.

The minimum fee charged should be sufficient to pay all expenses, including your own salary, and the maximum fee should be regulated by the law of supply and demand. As the demand for your services increases so as to overtax your energies and your time, your fees should be increased. Dr. Brush believes in charging for time alone, that is by the hour, and not so much for a filling or so much for a crown. The less said about the material side of practice the better. In discussing fees with patients lay stress on the time and skill expended and the value of the services rendered, not on the cost of the material used.



There are only three ways for a dentist to increase his income: First, by working longer hours, to the detriment of his health; secondly, by slighting one's work and hurrying it through, which means ultimately loss of patronage and also of one's own character; thirdly, by increasing the fee for each working hour. This increases your income without extending your hours or without necessitating poor and hurried work. Besides it is the most ethical way of increasing your income, because in this way you are assisting the general standing of the profession and are assisting the young members of the profession who have plenty of spare time and who can afford to work for a smaller fee per hour. It is to these latter men that the patients who cannot pay the higher fees gradually drift. The old-fashioned practitioner who allows nothing to escape him, but will work for anything he can get at all hours rather than run the risk of losing a patient to a younger man who really needs him, is, after all, unethical, judged by the proper standard of things.

Speaking of competition, the lecturer proved that there should be nothing to fear from competition in fees. The man charging the highest fees gets the best class of patients, relegating the less desirable ones to the men charging lower fees. The man charging the higher fee really has the advantage over his neighbor who charges less, providing he does not slight his work.

It is poor policy to attempt to work for too many patients in a day. Five or six are as many as can be conveniently attended to without unnecessary waste of time and energy. This does not necessarily include those seen for examinations, treatments or consultations at noon hour or during the last hour of the day.

The lecturer deprecated the custom of making examinations and giving our professional opinion without charging a fee for it. A charge should be made for time so engaged at the regular fee per hour, and an entry made every time a patient is seen, even if for only ten or fifteen minutes. Several such during the day amount to considerable in the course of time, and as we derive no special pleasure from looking into people's mouths, there is no reason why we should do it gratis. Although all of us have cases which we think deserving of charity, when we willingly sacrifice some of our valuable time, yet we must realize that if all of our time is fully occupied that it is a direct loss to us of as much per hour as we have



figured our expenses to amount to. We might be doing a greater act of charity in many cases by sending such cases to a younger man and donating the amount we could earn during the same time (working on patients who are able to pay full fees) to some deserving charity.

Rich and prominent people should pay more than others, as we assume greater responsibility in caring for their mouths and are under greater nerve strain in such cases. Patients who come regularly and take the best care of their mouths should receive every consideration and, generally speaking, should pay less than those who only come at long intervals and who neglect their teeth.

Accounts should be rendered at least every month, preferably about the 27th or 28th of the month. If not paid after sending two or three accounts a letter of few words should be sent requesting payment. No satisfaction being given, the account should be immediately turned over to a good collector, not to a lawyer who contents himself with writing letters. Losses in bad accounts should not amount to more than 2 or 3 per cent. of the gross business if accounts are properly and systematically handled. If not acquainted with the patient do not hesitate to ask for a retainer fee of at least fifty per cent. of the work to be done, and have a definite agreement or understanding as to when the balance is to be paid. Delicacy in such matters is poor policy and does not pay. Rather than take chances of payment in such doubtful cases, one really is safer in taking chances of offending the patient and losing the work. Patients whose intentions are good are seldom offended at such business-like proceedings and are more likely to admire them than otherwise. In making estimates be sure to be on the safe side and estimate too much rather than too little, so as to provide for all emergencies.

The daybook should be ruled into four columns—one for work done, one for cash received, one for cash paid out, and the last one for the surplus. If kept regularly and methodically, this should show one exactly how he stands at any time. Besides paying yourself a salary, be sure to put your wife on a regular weekly allowance to cover housekeeping expense and her own dress and personal expense.

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Talking is a habit. Silence is a science.—*Pathfinder*.

## THE BRODIE MEMORIAL

THE committee appointed by the Ontario Dental Society to arrange a suitable memorial to the life and work of Dr. Brodie have outlined their plan of action to the profession. It has been decided to endeavor to obtain a great number of smaller subscriptions rather than a fewer number of large subscriptions, and therefore members of the profession are asked to contribute not more than \$2.00 each. Unfortunately Dr. Brodie's work in the interest of science is not widely known throughout Canada, but it is to be hoped that this will make the memorial none the less representative of the whole profession. Dr. Brodie was an Ontario man, and the committee is on this account looking forward to a particularly good response in Ontario.

Already a number of men have subscribed to this fund. Send your subscriptions to Dr. H. E. Eaton, Treasurer, 631 Sherbourne Street, Toronto.

## MILLER MEMORIAL FUND

THE preliminary list of Canadian subscribers to the Miller for Canada. The committee hopes to receive through the Memorial Fund has been issued by the General Committee local committees substantial additions to the present donations.

A total of \$1,200 has already been subscribed, made up as follows:

Practitioners of British Columbia .....	\$ 25.00
“ “ Saskatchewan .....	45.00
“ “ Manitoba .....	239.00
“ “ Ontario .....	600.00
“ “ Quebec .....	129.00
“ “ New Brunswick .....	22.00
“ “ Nova Scotia .....	20.00
“ “ Prince Edward Island .....	5.00
	<hr/>
	\$1,085.00
Quebec Provincial Board .....	100.00
Ontario Provincial Board .....	100.00
	<hr/>
Total .....	\$1,285.00

When the International Fund is assembled it is to be invested to produce a sum to be given every two years in the form of a prize to the dentist who is adjudged to have done the most to advance the science of dentistry.

England, France, Germany, Italy, Spain and the United States all have generously contributed to this fund, which, it is hoped, will not only perpetuate the memory of Dr. Miller, but also stimulate others to continue his work.

# CIVIC DENTAL INFIRMARY IN TORONTO

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**T**HE Toronto Board of Control has definitely decided to establish a Dental Infirmary where the teeth of the children of the poor will be cared for free of charge.

The matter has been under consideration during the greater part of the present year, and it is gratifying to know that with one exception the Board of Control was unanimous in its adoption. The Toronto Dental Educational Committee is to be congratulated upon the practical results obtained for the school children of their city in the appointment of a dental inspector and the establishment of a public Dental Infirmary. This latter will be opened in January next.

Estimates have been made as follows:

Salaries of six dentists giving four hours per day.....	\$6,000.00
Salary of assistant .....	500.00
Rent and janitor .....	500.00
Heating .....	100.00
Telephone .....	50.00
Supplies, laundry, etc.....	500.00
	<hr/>
	\$7,650.00

These charges cover the cost of maintenance only, as the committee is arranging for the donation by public-minded citizens of the entire Infirmary equipment.

Great assistance was rendered the committee of dentists by a co-operating committee of citizens. Mr. Alex. C. Lewis, chairman of the School Committee on Medical Inspection, acted as chairman of the joint committee and rendered invaluable service in the establishment of the civic Infirmary.

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## CRIPPLING THE SCHOOL CHILD.

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Lateral curvature of the spine is the most common of deformities, and is occasioned mainly by the child's crouching over his desk. In the current issue of *Harper's Weekly* Dr. Walter Peat sounds a warning note against enforced posture and quietude in school. One of the main infractions of "good discipline," says this author, is that of moving in the seat, especially when the pupil turns and looks around, thus healthfully twisting the spine. He advocates shorter sessions and gentle gymnasium work interspersed several times throughout the recitation and sitting periods.—*The Dental Digest*.





## ONTARIO DENTAL SOCIETY TREASURER'S REPORT.

Abstract of receipts and disbursements of the Ontario Dental Society convention for the year 1910:

### RECEIPTS.

Balance from 1909.....	\$ 185.14
Interest on deposits .....	9.11
Surplus profits from Joint Convention, 1910 (O. D. S. proportion) .....	203.93
Proceeds from "Exhibit" Committee .....	149.65
Fees received from members.....	468.00
Refund re Programme Committee.....	24.85
Refund from Publicity Committee .....	2.94
	<hr/>
	\$1,043.62

### DISBURSEMENTS.

Refreshments, etc. ....	\$ 17.25
Expenses of Committees .....	84.50
Expenses of demonstrations .....	44.50
Publicity Committee—Stationery and Postage.....	136.34
Stenographer and other assistants .....	89.00
Appropriations to Committees .....	75.00
Advance to Joint Convention, 1910.....	100.00
Sundry and Petty Cash .....	70.98
	<hr/>
	\$617.57
Cash in Bank .....	426.05
	<hr/>
	\$1,043.62

C. ANGUS KENNEDY,

*Treasurer Ontario Dental Society.*

Audited and found correct.

W. CECIL TROTTER.

October 28th, 1911.

## CORRESPONDENCE

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The following is a copy of a letter received by ORAL HEALTH and which may be of interest to readers generally:

DR. C. A. KENNEDY, (Multum in Parvo Dept.).

Dear Sir,—In the September number of ORAL HEALTH Dr. E. R. Annis advises us to instruct our patients to breathe through the mouth to prevent nausea when taking plaster impressions. Now I instruct my patients to breathe through the nose, for how in the world can one get air in the mouth when it is full of soft plaster? Brothers, try it.

H. CLAY,  
Springhill Mines, N.S.

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[Dr. E. R. Annis in his paper advises patients to hold their nose when taking a plaster impression. The purpose of this is that when breathing forcibly through the mouth the soft palate is raised, and therefore does not come in contact with the plaster, causing a sensation of nausea. Lately a number of practitioners have been found who ask their patients to breathe through the nose. There being this difference of opinion ORAL HEALTH would appreciate any views on the subject.—C. A. K.]

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### CONGRATULATIONS, "HYA YAKA"!

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**T**HE October issue of *Hya Yaka* has just reached the editor's desk. *Hya Yaka* is a monthly publication, edited and published by the students of the R.C.D.S. ORAL HEALTH offers congratulations upon the very creditable showing of the initial number of Volume X.

Student bodies everywhere ought to be encouraged in such worthy endeavors.

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A promise should be made with caution and kept with care. It should be made with the heart and kept with the head.—W. H. Baldwin in *System*.

# MULTUM IN PARVO



This Department is Edited by C. A. KENNEDY, D.D.S.  
Librarian Royal College of Dental Surgeons.

*Helpful Practical Suggestions for publication, sent in by members of the Profession, will be greatly appreciated by this Department.*

*Address. C. A. KENNEDY, D.D.S., 2 College Street, Toronto.*

A HANDY SPRUE FORMER.—If you possess a gramophone, save the discarded needles (the round kind only) and utilize them as sprue formers in the casting process.—*The Hya Yaka.*

GRINDING SENSITIVE TEETH.—If, when grinding teeth preparatory to putting on gold crowns, three or four carborundum disks are mounted together on a screw mandrel, instead of heavy stones ordinarily used, it will be found that, by moving the disks back and forth over the tooth surface, it is possible to cut more quickly and with less discomfort to the patient, as there is less friction. The spaces between the disks hold water better than the surface of one stone.—*The Hya Yaka.*

SOAP AT THE POLISHING LATHE.—A cake of ivory or other fine soap is a help when polishing vulcanite. Wet it and press it against the felt wheel before applying the pumice stone. It acts as a lubricator, holds the pumice stone to its work, saves time and produces a finer finish.—*Dental Brief.*

TO RELIEVE PAIN AFTER EXTRACTION.—For pain after extraction, insert pledget of cotton in socket, moistened with full strength lysol.—V. A. Miller, *The Dental Digest.*

DENTO-ALVEOLAR ABSCESS CURE.—It is generally recognized that formaldehyde is a desirable ingredient in applications to putrescent pulps. Now, formaldehyde is one of the most irritating agents to animal tissues known, and if any of this gas gets past the apices of the roots the tooth will be lame forever, if it is not extracted immediately. It is necessary, therefore, to add an ingredient in the preparation that will allay or modify the action of the gas, which can be done with various drugs. A few years ago I suggested the following:

R. Cresol.

Liq. formaldehyde ..... āā f5† m



In compounding this, insist on the druggist using cresol, otherwise liquor cresolis may be used, a drug compound containing several ingredients, rendering it unfit for our purpose. Most of the cresol on the market is red, which, if it is real cresol, is acceptable, because it will act the same, but for one reason it is objectionable, it is liable to stain the tooth. Pure cresol and formaldehyde solution mixed appears as colorless as a fresh specimen of beechwood creosote. If it is deemed desirable to have this in the form of a paste, mix it with a powder composed of one part thymol to two parts precipitated calcium phosphate to the desired consistency.

In treating an abscess in a deciduous tooth the pulp chamber may be packed with this paste and covered with cement with fair assurance that the tooth will remain comfortable until the time for its removal arrives.—Dr. J. P. Buckley, *Dental Cosmos*.

**HARDENING PLASTER CASTS.**—Two or three coats of a saturated solution of borax or alum are applied with a brush to the casts, then two additional coats of a hot saturated solution of barium chloride, followed by a rinsing in soapy water. The model is then washed off in water and allowed to dry. Another method of obtaining an exceedingly hard model consists in dipping it in water to which a small quantity of gum arabic has been added. In this way a highly polished surface is obtained.—J. Schembs, *Province Dentaire* (from *Dental Cosmos*).

**FILING A SMOOTH BROACH TO MAKE COTTON ADHERE TO IT.**—To make cotton adhere to a smooth broach, go over it with a file toward the point and in a line with the broach. With the broach in the left and the file in the right hand, place an inch of the broach upon the bench-pin, turn the broach, and use the file as one would in sharpening a pencil. The broach should be untempered. A three-square file, five inches long, slim, tapered, with medium cut, is preferable. The fine, almost microscopic lines thus produced afford a surface sufficiently rough for the cotton to adhere in a clean and effective way.—M. J. Emelin, *Dental Brief* (from *Dental Cosmos*).

**FORMULA FOR PLATINUM SOLDER.**—The following formula for such a solder is suggested: To 360 grains of pure gold which has been fused and kept at boiling-point in a carbon crucible, 120 grains of exceedingly thin and pure platinum are added, the latter

having been cut into narrow strips and gradually fed into the boiling gold.

When the boiling mass has taken up all the platinum, the intense heat is kept up until a point of incandescence has been reached and a light produced which is too intense for the eye to tolerate. It is imperative that the operator wear blue or amber-colored glasses to protect his eyes.

The molecular union of the two metals having taken place, the ingot is allowed to cool somewhat, and is then plunged into water, and thence into an acid bath, for the purpose of proper cleansing. It is flattened upon an anvil and then rolled to 26-gauge thickness. The plate thus obtained gives us a 25 per cent. platinum solder, which should be properly marked in several places, and is then ready for use. This solder, if kept thoroughly clean, requires no flux.—H. F. Chayes, *Items of Interest*.

PARAFFINE FILLING FOR ROOT-CANALS IN DECIDUOUS TEETH.—Hard Paraffine is heated in a spoon-shaped spatula and allowed to flow into the cavity. By applying a hot-air blast the paraffin is kept liquid in the cavity, and is pumped into the canals by means of a heated platinum broach. After the root-canals are filled, which can be recognized after the cooling of the paraffine by its resistance to the cold platinum broach, the excess of paraffine is removed, the cavity washed with alcohol and dried, the pulp-chamber sealed with gutta-percha or cement, and the cavity filled with the material selected.—F. Metz, *Deutsche Zahnärztliche Wochenschrift* (from *Dental Cosmos*).

LABELING MEDICINE BOTTLES.—Cover the surface of the bottle to be labelled by smearing with molten wax and allow to harden. Carve in the wax the name of the medicine to be used in the bottle, taking care to have it clean cut. Lay the side of the bottle which is protected by the wax in hydrofluoric acid for about fifteen minutes and the acid will etch on the glass through the carving. Wash bottle and scrape off the wax, smearing the etching with soft plaster of Paris. This will leave a clear white name on your bottle.

# ORAL HEALTH

EDITOR — WALLACE SECCOMBE, D.D.S., TORONTO, ONT.

ASSOCIATE EDITOR — GEORGE K. THOMSON, D.D.S., HALIFAX, N.S.

A Monthly Journal devoted to the interests of the Dental Profession, and to the furtherance of Public Health through the education of the Public in relation to Oral Hygiene.

Published in the hope that it may reach those with an open mind, a willing heart and a ready hand to serve.

SUBSCRIPTION PRICE - \$1.00 PER YEAR

*Original Communications, Book Reviews, Exchanges, Society Reports, Personal items and other correspondence should be addressed to the Editor, 144 Carlton St., Toronto, Canada.*

*Subscriptions and all business communications should be addressed to the Publishers, Oral Health, 144 Carlton St., Toronto, Canada.*

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Vol. 1

TORONTO, DECEMBER, 1911.

No. 12

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## EDITORIAL.

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### A NATIONAL RESEARCH COMMITTEE.

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**W**HICH is the best silicate filling material? What do we really know about the various kinds?

Practically all the information we have with regard to them, outside of personal experience, is that which has appeared in journals controlled by firms who are interested in their manufacture and sale.

Apparently, the method employed to advertise them or bring them to the attention of the profession is that of employing members of the dental profession, prominent or otherwise, to make tests and write articles proving everything that manufacturers claim for their respective products.

The result is invariably disappointment to the dentists who are led to expect too much from new materials placed on the market and advertised in this ingenious way.

Again, mistakes are liable to occur in the manufacture of filling materials, which, if not discovered before goods leave the factory, are the cause of a great deal of unnecessary trouble to the busy man who has not the time or opportunity to test every new lot he purchases. After inserting a number of unsatisfactory fillings, and complaining to the dealer, the matter, after some delay, is reported



to the manufacturer, who, instead of recalling the defective lot which has been distributed, gives special and sometimes impossible directions for mixing, with the result that a large number of imperfect fillings are inserted, for which the dentist is responsible, and which eventually cause him as well as his patients disappointment and trouble.

We are speaking, of course, of the careful, conscientious dentist, who follows implicitly the instructions of the manufacturer.

We believe that independent tests of new preparations have been made at the R.C.D.S., but not to a desirable extent, nor have the results been widely enough published.

Why should the dentists be at the mercy of the manufacturer and dealer in such an important matter? We must all agree that it is not right, and that a remedy for this condition of affairs must be found.

We think this matter of sufficient importance for discussion in our journals and at our society meetings, and suggest that some representative society or college in Canada appoint a committee for the purpose of making independent tests of the preparations at present on the market, as well as new ones which may from time to time appear.

It is hardly necessary to emphasize the advantages of a national committee for this purpose.

It is quite obvious that the members of our profession would be saved a great deal of trouble and expense if independent, reliable reports of this kind were received periodically.

If the matter is taken up seriously by the profession in Canada, no doubt satisfactory financial and other arrangements can be made.

Original research along these lines, if continued in a proper manner, would be well worthy of a Miller Memorial prize. Don't forget that the columns of ORAL HEALTH are open for suggestions.

G. K. T.

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## DENTAL ETHICS.

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**U**NDER the heading of "Dental Advertising," J. Angus MacDonald, in his book, "Successful Advertising," makes the following comment:

"The average dental ad. is a nightmare. What is nearer a grinning skull than a hideous black and white effect, supposed to represent human jaws and teeth?"

"Yet we see this monstrosity constantly staring at us from  
"advertising columns, and at times wedged in between the upper  
"and lower jaw the legend—Gold Crowns \$5 Up.

"I am neither hypersensitive nor blunted in my conceptions.  
"I think I see things as they are, and by this time I ought to be  
"able to tell good from poor advertising, and I want to again write  
"with the full force of this stub pen that the average dental ad. is  
"an eyesore—a nuisance—a driver-away of trade—an advertising  
"excrescence that should wither and disappear under the fullest  
"force of advertising criticism and advertising intelligence."

This is the verdict of an expert, and is a well-deserved criticism of the cheap, uncouth and uncultured methods adopted and permitted in certain sections. The dental "show-case" is also an unworthy method. It is most crude and unethical. The display of artificial teeth in a case placed upon the public thoroughfare is distasteful to persons of refinement, and should be prevented as a public nuisance.

The Physical Culture Restaurant in New York has the following sign prominently displayed at the entrance:

"Chew your food—Your stomach has no teeth."

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## DENTAL LITERATURE.

WE have issued a number of pamphlets, booklets, etc., of special interest to dentists, inasmuch as some of the more recent and remarkable additions to the resources of the profession are described and their applications indicated therein. Requests for any of the following will be promptly filled, at no cost to the inquirer.

<i>Acetozone as a Bleaching Agent.</i>	<i>Chloretone in Dentistry.</i>	<i>Euthymol.</i>
<i>Adrenalin.</i>	<i>Chloretone in General Anesthesia.</i>	<i>Euthymol Smelling Salts.</i>
<i>Adrenalin Tape.</i>	<i>Chloretone Gauze.</i>	<i>Euthymol Tooth Paste in Pyorrhea.</i>
<i>Adrenalin and Cocaine, Codrenin, and Dentalone.</i>	<i>Chloretone Inhalant.</i>	<i>Formidine.</i>
<i>(No Dentist Can Afford Not to Know)</i>	<i>Cocaine and Its Substitutes.</i>	<i>Formidine Gauze.</i>
<i>Adrenalin and Novocaine Tablets.</i>	<i>Cocaine with Chloretone.</i>	<i>Germicidal Dics.</i>
<i>Alkathymol.</i>	<i>Codrenin.</i>	<i>Germicidal Soap.</i>
<i>A Little Book on Anesthesia.</i>	<i>Cresylone.</i>	<i>Hydrogen Peroxide.</i>
<i>A Study in Dental Anesthesia.</i>	<i>Dental Hypodermatic Outfit.</i>	<i>In the Interests of Painless Dentistry.</i>
<i>All-Metal Dental Syringe</i>	<i>Dentalone.</i>	<i>Milk of Magnesia.</i>
<i>Borol.</i>	<i>Dropper Ampoules of Chloroform.</i>	<i>Nargol.</i>
<i>Boro-Chloretone in Dentistry.</i>	<i>Ethereal Antiseptic Soap</i>	<i>Pyorrhea: A New Method of Treatment.</i>
	<i>Euformal.</i>	

**PARK, DAVIS & CO.,** Manufacturing Chemists,  
WALKERVILLE, ONT.

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# DOES WHAT YOU ASK OF IT

YOU open up many cavities which can't be permanently filled at once—dentin infiltrated with gases from a dead pulp must be treated—and you have to seal it up for a time. You must seal it tight—can't have the oral fluids getting in to cause more mischief—and it's necessary that whatever you use as a seal shall be reasonably easy in application and removal. You may have to repeat several times.

The S.S. White Temporary Stopping meets every requirement. It softens at a temperature (145 degrees F.), not too high for the patient's comfort, is readily packed, has an adhesiveness which lets it stick to the walls, and seals the cavity tightly. It will remain as long as needed and when the time comes for its removal the work is not difficult.

Two colors, pink and white, two sizes,  $\frac{1}{8}$  and  $\frac{3}{16}$ -inch diameter. In boxes containing a full ounce; both sizes, all white, all pink, or assorted

**Price per box - \$0.40**

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## Toughness and Tenacity in High Degree

THE value of a polishing strip depends mostly on its toughness and the tenacity with which it holds on to the polishing powder. The S. S. White Perfection Polishing Strips are extremely tough, and they are so well charged that the polishing powder sticks to them until worn down by actual work. They are very thin, permitting their use in the narrowest interstices, and they are usable throughout their entire length. They have all the desirable qualities, and they have these qualities in high degree.

### FIVE VARIETIES COVER EVERY NEED

**GARNET (Very Coarse); CARBORUNDUM (Coarse);**

**EMERY (Medium); FLINT (Fine); LAVA (Very Fine).**

In two widths—narrow  $\frac{1}{8}$  inch; wide  $\frac{3}{16}$  inch; all 6 inches long. One gross (full count 144) in each box, separate varieties or an assortment of all five.

**Any kind, per box - \$0.40**

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### The S. S. White Dental Mfg. Co.

*Philadelphia, New York, Boston, Chicago, Brooklyn, Atlanta, Rochester, New Orleans, Cincinnati, Berlin, Toronto, Montreal, San Francisco, Oakland, Los Angeles.*

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When you write, please mention "Oral Health."



# A CERTAINTY

**Y**OU have a certainty in working S. S. WHITE GOLD PLATES, the certainty that any given karat will always be of the same color and have the same working qualities. Our PLATES are standardized ; the karat mark tells you just what they are ; as you find them once, so you find them all the time.

Our SOLDERS are made to go with them, to produce work which is homogeneous in color and strength. The use of S. S. WHITE GOLD PLATES AND SOLDERS lessens your work and assures your results.

We put quantity prices on our Precious Metal products which ought to be attractive.

## The S. S. White Gold Plate, Solders, etc.

	Less than 1 oz.	1-oz. Lots	5-oz. Lots.
Gold Plate, 18-K .....	\$0.87 dwt.	\$0.82 dwt.	\$0.82 dwt
" " 20-K .....	.97 "	.92 "	.91 "
" " Coin .....	1.05 "	1.00 "	.99 "
" " 22-K Light (non-oxidizable) .....	1.05 "	1.00 "	.99 "
" " 22-K Dark .....	1.05 "	1.00 "	.99 "
" " 24-K .....	1.13 "	1.08 "	1.07 "
" " Clasp....	1.35 "	1.30 "	1.25 "
" Wire, Round, 18-K .....	.93 "	.88 "	.88 "
" " " 20-K .....	1.00 "	.95 "	.95 "
" " Half Rd. 18-K .....	1.00 "	.95 "	.95 "
" " " " 20-K .....	1.06 "	1.01 "	1.00 "
* " " Clasp, Rd. and Half Rd. ....	1.37 "	1.32 "	1.27 "
" " Ligature, 18-K.....	1.25 "	1.20 "	1.18 "
" Solder for 14-K Gold Plate .....	.65 "	.60 "	.58 "
" " " 16-K " " .....	.75 "	.70 "	.68 "
" " " 18-K " " .....	.85 "	.80 "	.78 "
" " " 20-K " " .....	.95 "	.90 "	.87 "
" " " Coin " " .....	.93 "	.88 "	.87 "
" " " 22-K " " .....	1.00 "	.95 "	.92 "
" Ingots 24-K .....	1.13 "	1.08 "	1.07 "

\* All of these prices are subject to change without notice, the two marked with the asterisk particularly so, owing to the fluctuating quotations of Platinm, which both contain.

The quantity rates here are exceptionally low, to favor the dentists, and are always available at our houses.

The 1-ounce and 5-ounce rates are for SPOT CASH ONLY, and they do not apply to Plates cut to pattern.

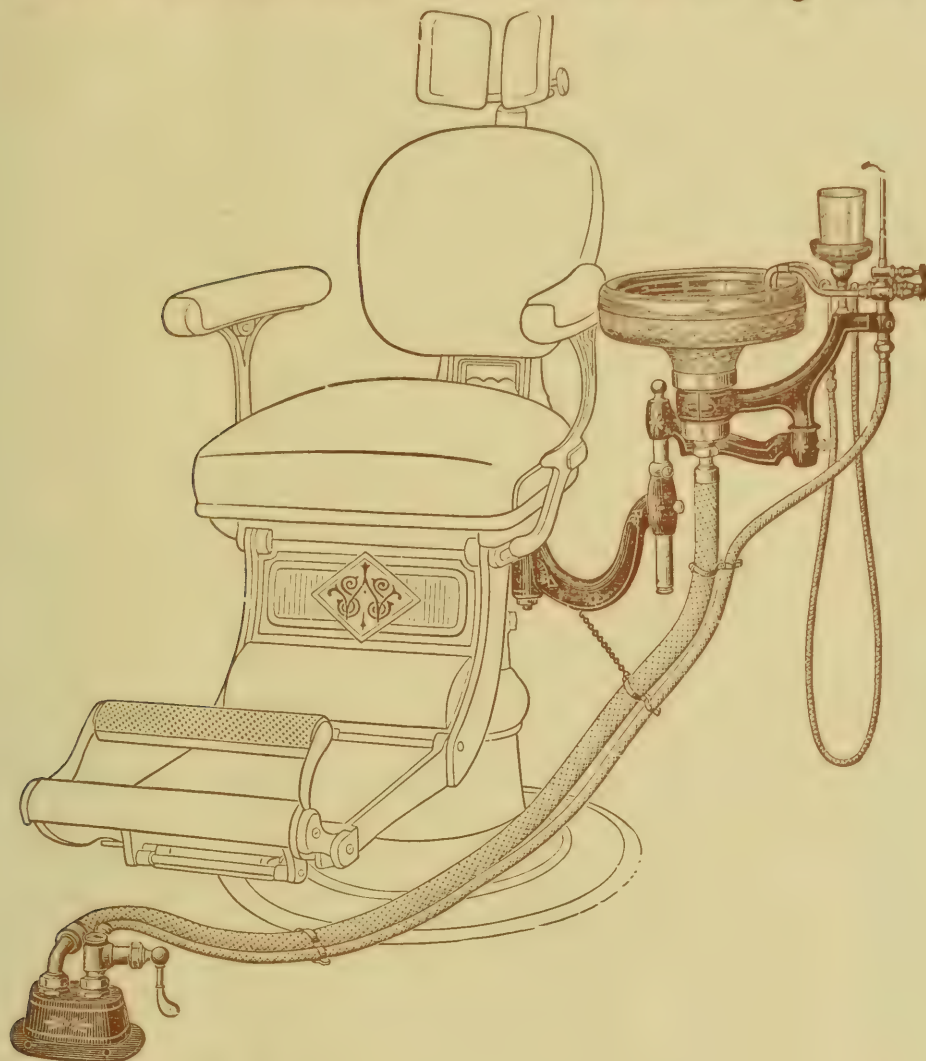
Either the 1-ounce or 5-ounce quantity can be made up of assorted lots from any of the items noted, each being charged at its respective rate.

## The S. S. White Dental Mfg. Co.

Philadelphia, New York, Boston, Chicago, Brooklyn, Atlanta, Rochester, New Orleans, Cincinnati, Berlin, Toronto, Montreal, San Francisco, Oakland, Los Angeles.

When you write, please mention "Oral Health."

# Economical-Satisfying



You accomplish two very desirable ends when you put an S. S. White Spiral Flush Spittoon into your office.

You eliminate the possibility of offensive odors from the decaying debris of operations, and you reduce the need for personal attention in the disposal of such debris almost to the vanishing point.

This Spittoon cleans itself, removes the debris as fast as it is made, dissipates it in a whirling stream of swift-moving water, which carries it out of sight almost instantly. About the only personal attention needed is the clearing of the strainer cup.

It is available even where the pressure is very low, runs with the minimum of water. It is durable, has little about it to get out of order, is economical, practical, and satisfying.

For cold water only, for hot and cold water. Floor or wall connections.

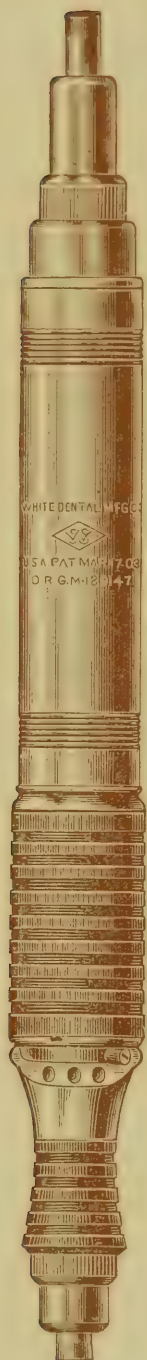
Price complete (including Saliva Ejector)	for cold water only	\$70.00
“ “ “ “ “	for hot and cold water	82.50

## The S. S. White Dental Mtg. Co.

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# Suits Every Man

Whatever any other automatic mallet will do in condensing gold, the S. S. WHITE will do, and more. It actually has a greater range of blows both in force of impact and length of stroke than all others combined.

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is charged with efficiency from one end to the other,—the one Mallet for every man.

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Three forms. One-color, Two-color, and Four-color cases. The Two-color case,—the most used—contains Gray and Yellow, an ounce of each, with the necessary liquid. These two colors, skillfully combined, will enable you to match most cases, while the large quantity and low price make it a very economical proposition.

Two-Color Case .....	\$0.90
Lot of 10 Cases .....	8.50
Liquid or Powder, separately, per bottle .....	0.30

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**T**HERE is no filling as translucent, beautiful, durable, easy to mix and insert as one of Improved Ascher's Artificial Enamel, when directions are carefully followed.

The cavity can be filled quickly and with no discomfort, at a minimum expense with maximum profit to both patient and operator. If care is used in selection of shade, it is almost impossible to detect the filling, even after many years of service.

You can positively depend on A.A.E. for the preserving of tooth and pulp. This has been demonstrated by its extensive use and general satisfaction for over seven years. No other silicate can ever hope for such a record.

We absolutely guarantee successful results where directions are carefully followed. Are you getting the full benefit of this wonderful material ?

Write to-day for the "Condensed Directions" and illustrations of the famous Tantalum Burnishers for silicates.

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Professor A. H. Peck, M.D., D.D.S., Chicago College of Dental Surgery, Rush Medical College, etc., found on careful experimentation with a number of so-called antiseptics that Sanitol was the only one (in the proportion of five drops to 10 C.C. of bouillon) that prevented the development of bacteria, being germicidal in one to thirty-eight parts. The Dental Profession will therefore at once recognize the value of Sanitol Liquid Antiseptic as a Destroyer of Decaying Substances, especially in the treatment of Pyorrhoea, abscess condition, spongy gums and subsequent to extraction. We respectfully suggest that

### SANITOL LIQUID ANTISEPTIC

be given a trial, as we feel that only the best results will follow. We will be pleased to send free to any member of the profession, on receipt of professional card, a sample bottle of SANITOL Liquid Antiseptic for use at the chair, also a full set of 12 plates showing the eruption of the teeth from babyhood until the full permanent set are in the mouth.

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A great newspaper, commenting on the neglect by the laity of Dental Hygiene and Oral Prophylaxis, asks if Dentists are not in some measure responsible for it.

## YOU MAY BE DOING YOUR SHARE

toward the education so urgently needed--

## ARE YOU

insisting upon the faithful use of that "Perfect Antacid,"

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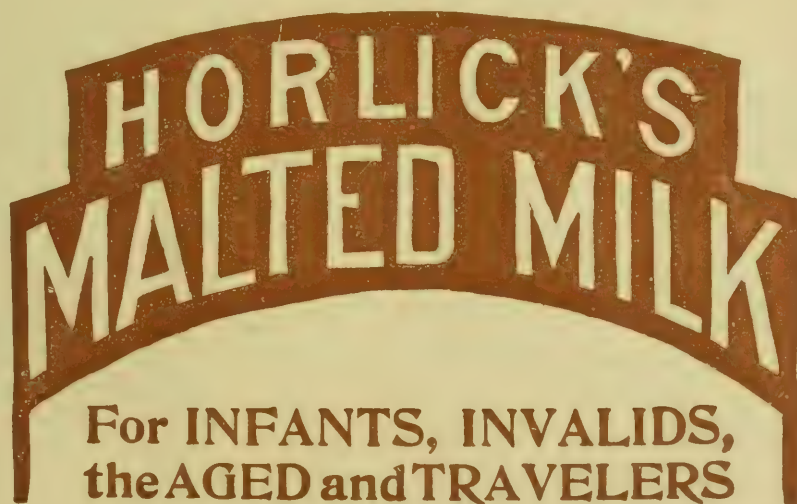
to promote and maintain a healthy condition of the mouth and protect the teeth from sensitiveness, erosion and decay?

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who will send samples upon request.



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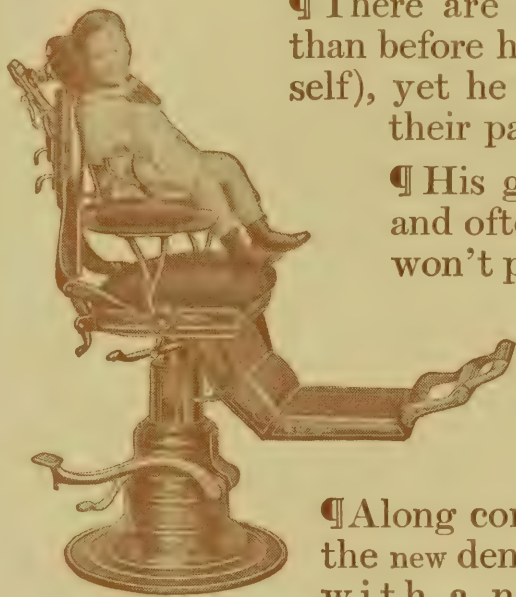
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**WHY IS IT** that a young dentist who has just graduated can go into a town and get a good class of patients immediately?



¶ There are no more people there than before he arrived (barring himself), yet he gets a goodly share of their patronage.

¶ His gain is someone's loss, and often it is the dentist who won't put in the modern appliances.

¶ Along comes the new dentist with a new equipment which generally embraces the latest furniture and appliances, and the first patient that comes in notices the difference between the fresh equipment and that of the old equipment used by the former dentist, and as appearances are always against the man who doesn't care enough to keep up his end, the result is that newcomer gets the patronage the other man lost. ¶ The moral is obvious.



**THE RITTER DENTAL MFG. CO.**

TORONTO BRANCH, 167 KING ST. W.

T. N. CLARK, REPRESENTATIVE.

34

# PYORRHEA

We invite the attention of the dental profession to a careful consideration of the value of **Sal Hepatica** in the treatment of diseases of the Uric Acid Diathesis. It has been found specially beneficial in the treatment of Pyorrhea Alveolaris.

It happens that patients suffering from this affliction will likewise complain of disorders of digestion, and they are frequently poorly nourished and of cachectic appearance. It is common to attribute these constitutional symptoms to imperfect mastication and consequent deficient insalivation dependent upon the loosened teeth and tender gums. It is also reasonably claimed that the septic discharges from the diseased alveolar process not only interfere with normal digestion, but are in themselves poisons which have an appreciable effect upon the general system. Is it not possible, however, that these symptoms, which are commonly considered secondary in their nature, in reality stand in the causal role, and that the treatment should be primarily directed toward their removal and that the local treatment of the tooth and alveolar process should be considered as a secondary requirement? If this is true, it can be readily understood that benefit would be derived from the administration of **Sal Hepatica** for its general systemic effect, while the thorough cleansing of the alimentary canal which follows its administration might logically be expected to be both prophylactic and curative.

Furthermore, pyorrhea alveolaris appears to be a malady in which rheumatism and gout are potent causes. Here again **Sal Hepatica** is indicated, owing to its proven value in the treatment of diseases of the uric acid diathesis.

**Sal Hepatica** is a combination of Lithia and Sodium Phosphate with laxative salts similar to those found in the most famous European bitter and purgative waters. The action of the salts held in solution in the "bitter waters" is too well known to demand specific elucidation, but their remedial value is considerably enhanced by the addition of lithia and sodium phosphate.

Reprint from The Journal of Dental Science on the Treatment of Pyorrhea Alveolaris:

"Pyorrhea alveolaris is one of the hardest diseases to control that comes before the dental practitioner. Many consider it a local disease, dependent upon some micro-organism; others consider it as arising from constitutional disturbances. It certainly depends upon both conditions as curative factors. Some constitutional disturbances prepare the way for the micro-organism. Local deposits assist in destroying the surrounding tissue; but this of itself could not produce pyorrhea, as in some cases we have very little foreign substance upon the roots of the teeth. Sometimes the gum appears in almost normal condition, but far up under the gum we find the alveolar process gradually wasting away, caused by some destructive element. Again, we find little granulations of lime salt upon the roots of teeth, irritating the gum and surrounding tissue, causing swelling and sloughing of the parts. This local disturbance alone is not the cause of pyorrhea.

"A deposit of tartar around the teeth is not pyorrhea alveolaris: it can be removed or treated locally. Without systemic treatment true pyorrhea cannot be cured, especially if a gouty diathesis due to abundance of uric acid or low vitality is present. In my observation I find such symptoms existing.

"After all deposits have been removed and the gums properly treated, I administer **Sal Hepatica**, from one to two teaspoonfuls (according to condition of patient), dissolved in a tumblerful of water, each morning about thirty minutes before breakfast. It is an effervescent, saline laxative and uric acid solvent. I have had wonderful success with the above treatment."



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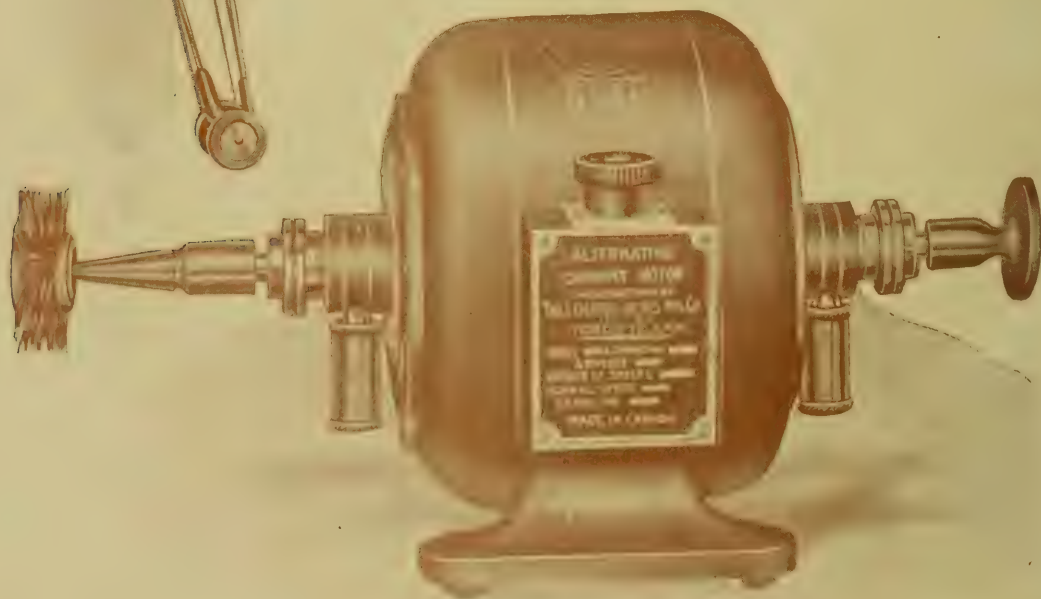
## MY CREED.

Anything that is produced in Canada, from Canadian materials, by the application of Canadian brains and labor, will always have first call with me. And it is only good business on my part that it should.

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MANUFACTURERS AND ENGINEERS  
TORONTO, CAN.







THIS IS A MINIATURE OF OUR  
NA-DRU-CO. TOOTH PASTE POSTER

which is nine feet three inches high by fourteen feet long, and is being displayed on the bill boards in all the cities and larger towns in Canada from Halifax to Victoria, B.C. The first showing commenced April 15th, and remains up all over the country for thirty days. The second showing commenced June 15th and the third August 15th.

This is the largest advertising campaign that has ever been undertaken for a Tooth Paste, and backed up by the quality of the goods is bound to make **Na-Dru-Co. Tooth Paste** the best known and most used of any dentifrice.

We will be pleased to send any dentist who is interested, the list of ingredients of Na-Dru-Co. Tooth Paste. We are mailing every dentist in Canada a tube of **Na-Dru-Co. Tooth Paste**. Should you not receive yours kindly let us know.

**National Drug & Chemical Co.**  
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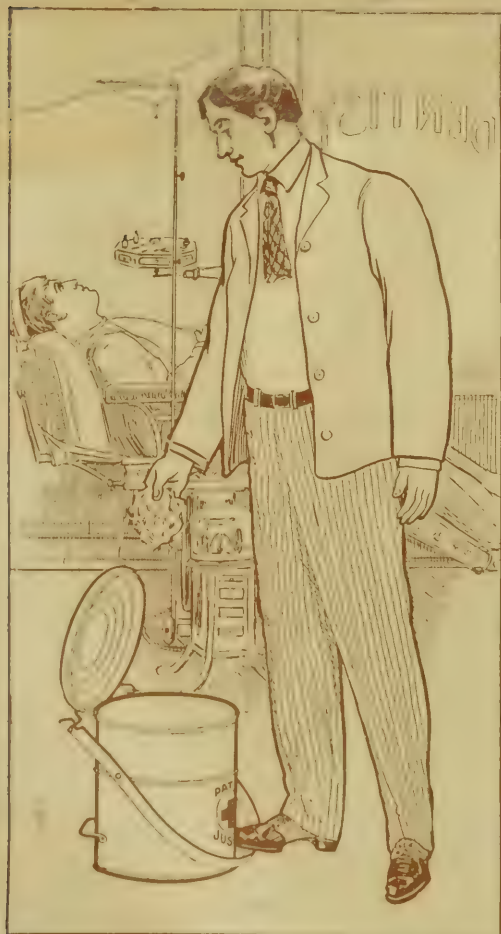
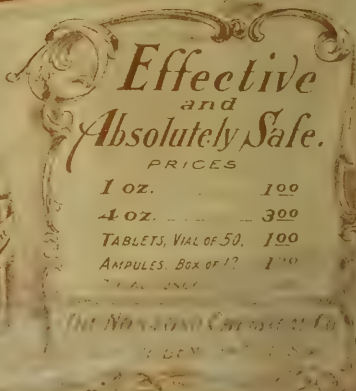
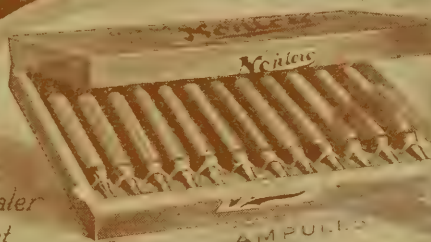
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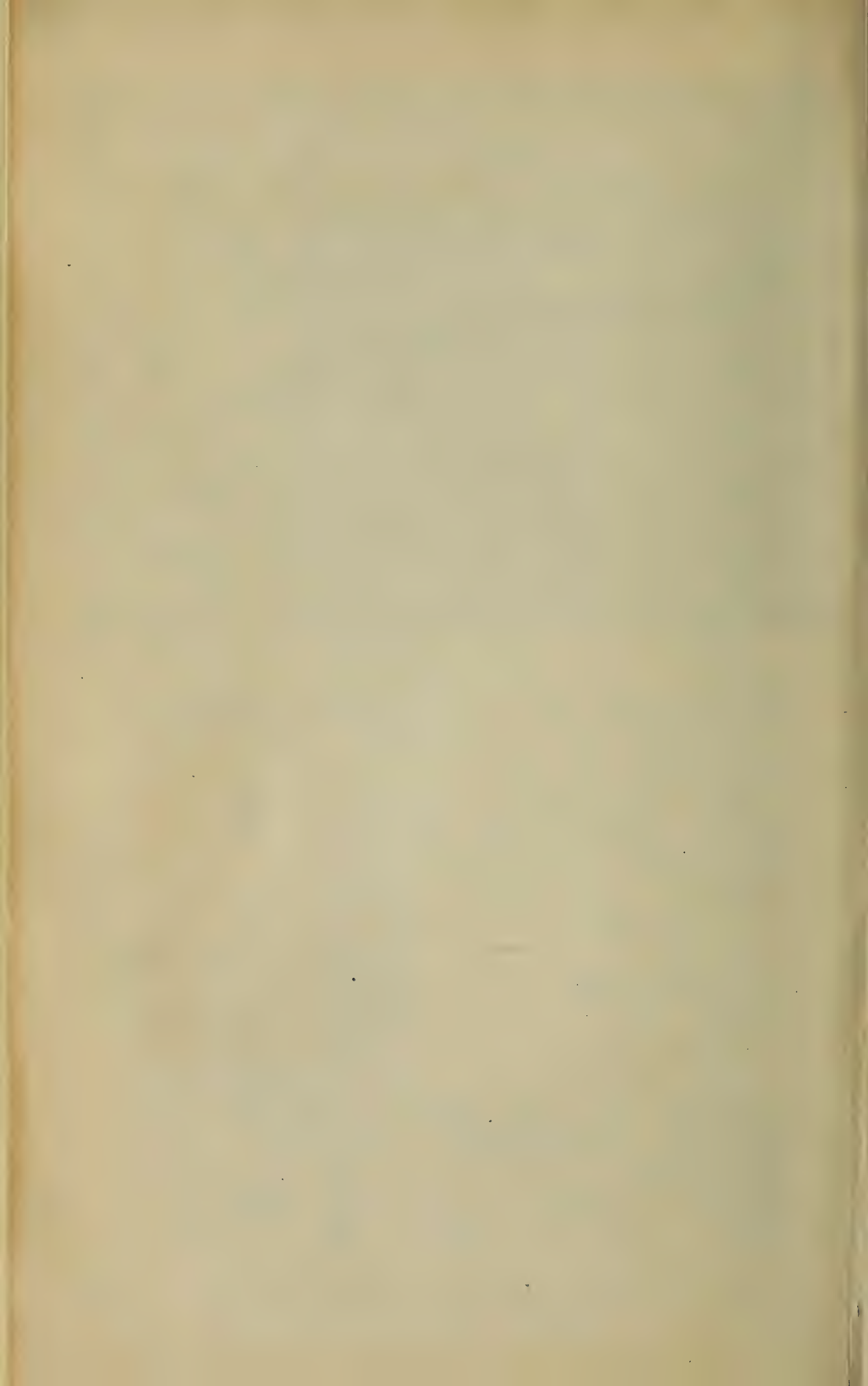
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